

BOROUGH OF POOLE.



Annual Report

FOR 1919

ON THE

Health and Sanitary Circumstances of the Borough

BY

A. T. NANKIVELL,

M.D. (Lond.), D.P.H. (Camb.).

*Medical Officer of Health
and School Medical Officer*

BOROUGH AND COUNTY OF TOWN OF POOLE.



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OF

THE BOROUGH AND PORT OF POOLE

TOGETHER WITH

A RECORD OF THE WORK

OF

THE SCHOOL MEDICAL SERVICE

IN THE BOROUGH

BY

A. T. NANKIVELL, M.D. (LOND.), D.P.H. (CAMB.).

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STAFF OF PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health	A. T. NANKIVELL, M.D., D.P.H.
Sanitary Inspector	F. ST. B. RAMSDEN. *
Sanitary Inspector	P. W. WHEELER. *
Health Visitors	H. I. PARTRIDGE.
„	L. HOOPER.
„	R. FOOT.
„	B. A. SYDENHAM.
Matron of Alderney Hospital	MRS. NIPPARD.
Disinfectors	H. G. NIPPARD.
Clerks	C. A. TRIM. (1)
	F. B. EDWARDS (2).
Junior Clerk	E. H. M. NIPPARD.
Laboratory Assistant	S. MARSHALL.

* Holding certificates for Sanitary Inspectors, granted by the Royal Sanitary Institute and certificates for Food and Meat Inspection.

(1) Demobilised from H.M. Forces, on April 21st, 1919.

(2) Demobilised from H.M. Forces, on May 9th, 1919.

PUBLIC HEALTH.



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PREFACE.

To the Mayor, Aldermen and Councillors of the Borough of Poole.

In accordance with the order of the Ministry of Health, I have the honour of submitting to you my second Annual Report on the Health of the Borough.

In February, 1914, I was appointed your Medical Officer, and, after making my first Report to you, I was given a Commission in the Royal Army Medical Corps in May, 1915. From that date until February, 1919, I was in the Army, and the Health of the Borough was entrusted to the care of Dr. William Gosse. I should like here to put on record how greatly I appreciated the kindness of the Council to me during my period of Military Service, and the heartiness of their welcome to me on my return to the Borough.

The past year has been one of reconstruction. During the previous five years it was necessary to concentrate all our thought and energy on the primary business of winning the War ; but when that work was accomplished we had again to turn our attention to putting our own house in order. Essentially very many desirable hygiene reforms and matters of Sanitary urgency were neglected during the War for other vital work ; but during the year under review much progress has been made in overtaking and bearing our responsibilities in matters of Health.

The chief need of this district is for new and better houses. I hope before I write my Report for 1920 that many working-class houses will have been provided.

The second great need is for the extension of the School Medical Service.

Much of the sickness, unhappiness and death from which we suffer today can be prevented. It is the function of Preventive Medicine in the first place, to check the occurrence of disease ; secondly, to control the spread of sickness ; and lastly to better the surroundings and circumstances of people, and to remove those unhealthy conditions which foster disease. The health of a man is his greatest asset. Preventive Medicine helps him to keep his health, and prevention is better than cure—very much better, and very much cheaper.

I should like to thank the Chairman and Members of the Health Committee for their sympathy and encouragement during the past year, and to tender my thanks also to my Staff for their diligent and loyal work. The Heads of the other Municipal Departments have given me help whenever I have asked for it, and I wish to express my appreciation of their co-operation. Ever since my appointment as your Medical Officer, the advice and assistance of the Town Clerk has ever been at my disposal and I feel that I can always rely on his help and experience.

I am,

Your obedient Servant,

A. T. NANKIVELL.

February, 1920.

STATISTICAL SUMMARY FOR 1919.

Estimated mid-year Population	41,100
Birth-rate	18·7 per 1000 population.
Marriage-rate	21 per 1000 population.
Death-rate	12·8 per 1000 population.
Infant Mortality rate	62 per 1000 births

PHYSICAL CHARACTERS AND GEOLOGY.

The Borough of Poole is the largest Town in the County of Dorset. The area of the Borough is 7,964 acres. The extreme width from east to west is about seven miles, and from north to south about four miles. The large size of the Borough makes its administration difficult.

The South-western parts of the district are low lying ; the eastern and northern portions are more raised above the sea-level. The highest point of land in the district is Constitution Hill, from which can be seen one of the most beautiful harbour-views in the world.

The Parish of St. James is situated on alluvium ; that of Hamworthy is on Valley gravel, Bagshot beds and Plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome the geological stratum is mainly the Bagshot beds of sand, brick-earth, pipe-clay and lignite, with many pockets of Plateau gravel. The Reading beds lie below the above mentioned strata. The Chalk does not outcrop in the Borough but comes to the surface a few miles north of the Town.

HISTORICAL.

Poole is a very ancient Borough. Its records date back to the 13th century, and the district was already famed for its ship-building in the reign of Richard III. Queen Elizabeth granted the Town a special charter conferring upon it the dignity of a County : and it would almost seem now that the Town was waiting pensive by the sea for a return of its former glories. Schemes for the improvement of the harbour and waterways are under consideration, and there is some reason to suppose that the Port of Poole may become again, as it has been in the past, a great centre of Trade and Industry.

RATEABLE VALUE.

The rateable value of the Borough is £205,613 and a penny rate produces about £857.

CLIMATE.

The district enjoys an equable climate which is especially favourable to persons suffering from chronic chest complaints such as asthma and bronchitis. The large body of water in Poole Harbour serves to keep the district cooler in summer and warmer in winter than most of the other and less fortunate south coast resorts. The pine woods of Parkstone also have a modifying influence in climatic conditions.

Details of the meteorological observations for the year are given in Table A.

OCCUPATIONS AND INDUSTRIES.

The inhabitants of the Borough are engaged in a variety of occupations, among the chief of which are the Pottery, Tile and Timber Industries. There are many waterside labourers and fishermen in the old Town, and many men are employed at the large Gasworks. Many of the inhabitants of Branksome find work as labourers and shop assistants in the neighbouring Borough of Bournemouth.

POVERTY AND PAUPERISM.

The evidence that is obtainable does not seem to show that there is much acute poverty in the district, although at the end of the year, 1,058 persons were on the books of the Labour Exchange as being out of employment. On January 1st 1920, there were 169 men, 383 women and 273 children who were in receipt of some form of relief from the Guardians of the Poor. Thirty-six persons, who said they were unable to pay the market price of milk, applied for help in this matter from the Medical Officer of Health, during November and December.

In the Appendix is given a classified list of persons, arranged according to their trades, who were out of work at the beginning of 1920.

ORGANISATION OF HEALTH DEPARTMENT.

The Medical Officer of Health to the Borough is also Medical Officer to the Port of Poole and School Medical Officer. He has two whole-time Sanitary Inspectors to assist him in his work. Before the War there were three Inspectors, so a vacancy exists which might reasonably soon be filled. If the sanitary circumstances of the District are to be improved, a staff, at least equal to the pre-war staff will be required.

The Office staff is supplemented by two whole-time clerks (one solely for the School Medical Service) and an office girl.

There are four Health Visitors, who act also as School Nurses.

Three men are employed in helping the Inspectors to test drains, in whitewashing alleys and courts, in rat destruction and in disinfecting ; another man is engaged in superintending the emptying of cesspools.

Reference will be made later to the Staff at the Borough Hospitals.

When the Medical Officer returned from Foreign Service in February, he proceeded at once to revive the work of the Office on the same lines as that which he initiated in 1914. Every effort has been made to do the work of the Health Department in a business-like manner ; letters are answered on the same day that they are received, complaints are investigated *at once* ; nuisances are abated as rapidly as the delay of an antique law permits ; enquiry is made immediately into every case of infectious disease that is notified, and action taken at once when it is necessary. " To breakfast at five o'clock tea, and dine on the following day " may be all very well for the Snark ; but the Medical Officer feels that any dilly-dally policy such as this is out of place in a Health Department.

Each Inspector and each of the Health Visitors are responsible for a district. In addition to his other work, Mr. Ramsden takes samples for the purposes of Sale of Food and Drugs Acts. Mr. Wheeler acts as Steward to the Hospitals and is also Inspector to the Port. Both Inspectors act as Inspectors under the Contagious Diseases of Animals Act.

The Medical Officer of Health receives a report once a month in writing from each Inspector. All correspondence is examined personally by the Medical Officer, and he signs all Preliminary and Statutory Notices under the various Public Health Acts.

By means of the organisation shortly outlined above, the Medical Officer is enabled to keep in touch with all matters likely to affect the Health of the Borough.

BOROUGH LABORATORY.

The Laboratory which came into being in 1914 was shut down during 1918, when the Laboratory Attendant was called up for Service. During this period of inanition, specimens for bacteriological examinations were sent to London at considerable cost to the Council. The Laboratory was re-opened and working again last March.

Specimens are examined free of cost for the various Medical Practitioners and for the Cornelia Hospital. A small charge is made for bacteriological examinations done for the Dorset County Council, for No. 3 Area of the Southern Command, and for the Dorset Pensions Committee. A charge is also made for such work as examining water-samples for private persons.

The Laboratory is a complete one and the following work is undertaken there :—the examination of nose and throat swabs for suspected Diphtheria ; the examination of sputum for Tuberculosis etc., the examination of Urine, blood (cultures and films), hair for ringworm, pus, pleural fluid, cerebro-spinal fluid etc., the examination of faeces ; agglutination reactions ; section cutting and morbid histology ; the examination of urethral and vaginal discharge and of chancres ; the collection of blood for the Wassermann Reaction ; the preparation of vaccines is undertaken.

The Borough water supply is frequently examined, and during the year time has been found by the Medical Officer to supervise an interesting research into the contamination of the water of Bournemouth Bay and Poole Harbour, and the effect of this on the oyster fishery of Poole. Reference will be made to this later.

Work has been done during the year in the Borough Laboratory which if it had been sent to London would have cost at pre-war rates at least £160 ; and culture media have been prepared for the sum of a few pounds which if purchased from London firms would have cost at least £120. The total cost of the upkeep of the Laboratory including wages has been £98, and £28 has been received in payment for work done.

1665 specimens have been examined during the year at an average cost of only ten pence per specimen.

The Borough Laboratory therefore is an economical branch of the Public Health Service, and in addition to this it is an essential one. When the questions have to be answered “ Has this child Diphtheria ? ”, “ Has this woman Typhoid Fever ? ” “ Is this man suffering from Syphilis ? ” the laboratory alone can give the rapid and certain replies.

WATER SUPPLY.

The water supply of the Borough is derived from a deep well in the chalk at Corfe Mullen about six miles to the north west of the Town. The water is pumped by two gas engines to a high level reservoir, and thence is distributed to the district.

Last summer the consumption of water in the Borough was excessive, and taxed severely the pumping power of the gas engines ; if one of these had broken down the Borough would have been short of water, if both of them had been out of working for a day there would have been a water famine. Since no piece of machinery will last for ever without accident, the Council has decided to install an additional and auxiliary pumping machine ; so that in the summer of next year the district will not run the grave risk of former summers.

Like most water supplies derived from the chalk, the water at Corfe Mullen well is subject to intermittent contamination. On the majority of days in the year the well water is of excellent quality, but after heavy rains it becomes contaminated with *B. coli*—an intestinal organism indicative of human or animal pollution.

Early in 1915, the Medical Officer advised that the water should be chlorinated. This was done during that year, and in the next three years by means of the addition of Bleaching Powder (Chloride of Lime) to the well water. A proper chlorinating plant was installed in 1919 and has been working satisfactorily during the year under review. This chlorinating plant delivers a known quantity of gaseous chlorine into the well water. It has been found that one part of chlorine in seven to eight million gallons is sufficient to ensure the sterilisation of the water.

Frequent samples of the well water and of the tap water in the Municipal Buildings are examined bacteriologically in the Laboratory, and the drinking water has always been found to be of excellent quality, except on one occasion when, owing to railway delays, the cylinders of liquid chlorine were not available at the pumping station.

To have a pure and safe water supply is a very great advantage to every Town ; the only defect in the Poole water is that, like all other Chalk Waters, it is rather hard. A proposal to soften the water has not been considered favourably by the Council on the ground of expense.

The financial case in favour of softening may be stated as follows :—

The town water has about 16 grains of temporary hardness in each gallon that could be removed by softening. Now for each grain of hardness one pound of soap is wasted before a lather is obtained in one thousand gallons. Therefore each thousand gallons of water used for washing purposes, wastes sixteen pounds of soap before a lather is obtained.

I will suppose that a family of five people in the Borough use daily three gallons of water with soap for washing purposes—for washing themselves, their clothes and scrubbing the floors. Of course, this is an under-estimate. In the year, therefore, they used well over a thousand gallons ; but I will suppose it is a thousand gallons only. If this water is soft this family will save sixteen pounds weight of soap. If the water is hard this soap is wasted before a lather is obtained. If these figures are applied to the forty odd thousand people in the Borough, and the price of soap is considered, it is apparent that a large saving of the individuals' money takes place when a soft water is substituted for a hard one.

DRAINAGE.

St. James Parish, Sterte, Longfleet, and part of Parkstone is sewered in connection with a sea outfall sewer at Poole Head. The sewage discharges into the sea at a distance of 1800 feet from high water mark. A small area in the east of the district is sewered in connection with the Bournemouth Sewers. The remainder of the eastern part including Branksome Park and Upper Parkstone drains into a sewer which discharges at Branksome Chine at a distance of 1,050 feet from high water mark.

The Parish of Hamworthy is still unsewered ; but the Ministry of Health has been asked to sanction a loan for this urgently necessary work. A sewer is badly needed at Sandbanks.

There are many roads, especially in Branksome, which are not sewered. Details are given in Table B.

It is a matter for regret in a Borough such as this that there should be many areas where the houses drain into cesspools or where the inhabitants have to use the pail closets which were fashionable in the days of their great-grandfathers.

The sewerage of the Borough is in the hands of the General Purposes Committee, and not of the Health Committee.

A comprehensive scheme is needed so that the district of Sandbanks and all the roads at Branksome and at Newtown may be sewered and the houses in these areas connected.

The Medical Officer's Department undertake the emptying of cesspools and of pail closets. The cost of this work including horse hire, labour and repair was £1087-10s., during the year under review. There are 230 cesspools in the Borough and they were emptied on 1,507 occasions. There are 182 pail-closets and their contents were collected and removed 8,239 times. Details of this unproductive work are given in Table C..

SCAVENGING.

This is under the direction of the Health Committee and is undertaken by the staff of the Borough Surveyor's Department. House refuse is collected by the Corporation workmen and deposited in "Tips" in various parts of the Borough, namely, at Bourne Vale Pottery, at Baiter and near Whitecliff. Men are employed to cover the refuse with road sweepings and with excavated soil.

Very little can be said in favour of these Refuse Dumps except that wasteground can sometimes be reclaimed by depositing rubbish there. Certainly the Tips are great breeding places for flies, of which there was a plague during the past summer.

The ideal method of disposing of refuse is by means of a destructor.

The roads in the district are fairly well scavenged. More attention needs to be paid to alleys and courts. The main streets are watered regularly during the dry weather. The tar spraying of roads obviates frequent watering and preserves the road surface.

The keeping of houses and their surroundings clean and sweet is of the greatest importance in preventing disease. Money spent on soap and water, and on street cleansing and scavenging is money very well expended. Nothing is so expensive as sickness ; and a clean town is a healthy town.

FOOD.

Regular and frequent inspection is made of the foodshops in the Borough, as reference to Table D will show the reader. Table E gives the amount of unsound food destroyed during the year.

The importance of a pure water supply is appreciated by everyone ; but unfortunately people are still ignorant of how necessary it is to secure pure and clean food. If customers boycotted a fly-infested shop, the retailers of unclean and fly-infested food would soon appreciate the importance both to themselves and their customers of selling clean and uncontaminated food-stuffs.

Food and Disease. Tuberculosis, Ptomaine Poisoning, Parasitic Worms, Summer Diarrhoea, Sore throats, Scarlet Fever, Diphtheria and Enteric Fever are some of the diseases caused and spread by unclean food and milk.

On reference to Table E it will be seen that a large amount of unwholesome and unsound food, especially of meat, was destroyed in the district during the year under review.

The reason for this is mainly as follows :—an owner of unsound and emaciated cattle succeeds, by means best known to himself, in having these beasts' "graded." Before the War these living skeletons would have found their way to the knackers yard and been sold for the value of their hides ; but when once they are graded they appear at the meat shops to be condemned by the Officers of the Health Department. The cost of the grading is carried by the Government as is also the compensation to the butchers when the meat is destroyed. The Medical Officer has made a strong protest during the year against this system ; for he sees no reason why such diseased and worthless carcasses should be forced on to the tables of the otherwise helpless public. The only persons who gain at present by this disgraceful state of affairs are the original owners of these beasts and perhaps the dealers who have handled them—they receive an inflated and fancy price for damaged and valueless goods.

OYSTERS.

During the year the Medical Officer of Health has been able to organise and supervise a bacteriological research into the contamination of the waters of Poole Harbour and the effect on the Oyster Fishery.

The results of this research have been embodied in a paper which has been published in the Journal of Hygiene.

The conclusions, which were arrived at, may be stated as follows :—

1. The water of Poole Harbour is polluted by sewage which comes in on the first high tide from the open sea. The pollution does not come from the rivers flowing into the top of the harbour, nor from the Holton Heath works, nor from any surface water flowing into the harbour.

2. The existing oyster beds are heavily polluted and the oysters there are not fit for human consumption without relaying.

3. The oysters can be relaid in the harbour off Shipstall point near Arne. Oysters relaid there for a week are purified, and are fit for human consumption

The result of this work should be that the Poole Oyster Fishery will be revived. It has been calculated that about two million oysters, or five thousand pounds worth, can be dredged each year. At present, owing to the pollution of the oyster beds these oysters are not dredged ; now that a safe relaying-place has been discovered the Oyster Fishery should again become a flourishing industry to the benefit of the Town.

SALE OF FOOD AND DRUGS ACTS.

Satisfactory work has been done during the year in carrying out the provisions of the Acts, which have for their main object the protection of food supplies from adulteration.

Reference to Table F will show the number of samples taken during the year and Table G shows the average results of analysis of milk samples.

During the year there were only three prosecutions under these Acts. In all cases a conviction was secured.

SLAUGHTERHOUSES.

There are ten slaughterhouses in the Borough. They have been frequently inspected, and generally the conditions found were satisfactory. (Table D).

The question of a Municipal Slaughterhouse is one which might well receive attention. Only if all animals are killed at some central place, can the work of inspecting the meat be adequately performed. At present, the butchers slaughter at all sorts of times, and it is not to be expected that one of the Council's Officers can always be present to see if the meat is sound and fit for human consumption. A Municipal Slaughterhouse, however, would act as a clearing house for all meat, and both the butchers and the public would benefit by the knowledge that all meat sold in the town had been properly inspected and was of high quality.

DAIRIES COWSHEDS AND MILKSHOPS.

There are fifty dairies and milkshops in the Borough, and they were visited on eighty-three occasions ; there are twenty-five cowsheds and they were inspected thirty-three times.

The larger milk shops and dairies are well kept, clean and sanitary, and the milk sold in them is generally pure, clean and of good quality. But this good character cannot be given to all of the smaller milk shops where milk may be stored in company with paraffin, onions, firewood, cats, vermin and disease. The small and ill kept milk stores are a danger to the health of the people and their continuance is to be deplored.

BAKEHOUSES

There are thirty-one bakehouses in the district, and during the year they were visited on thirty-seven occasions. Minor defects, chiefly lack of cleanliness, were found in eleven instances, but all these faults were promptly remedied.

NUISANCES.

To remedy a nuisance is often a matter of great difficulty, and may take two or three months to accomplish. For instance, a drain may become choked and the sewage may find its way into the living rooms of a house, the owner of the property refuses to do anything to remedy the state of filth, and it may be a month before the Health Committee meets to recommend that he be served with a notice under S. 91 of the Public Health Act of 1875. The Council, at their meeting a fortnight later, sanction the service of the Notice. Thus six weeks have elapsed ; the drain is still choked the inhabitants of the house are walking about on stepping stones in a pool of sewage ; and the responsible owner of the property has done nothing at all. Suppose he disregards the Statutory Notice of the Council—then still one more month has to pass before he can be prosecuted. It is thus possible for a disgraceful condition such as this to continue for as long as ten weeks. The Law on the subject of Nuisances badly needs drastic revision, so that no delay such as this could be possible ; another and more practical remedy would be found, if the Council would delegate their powers of

serving Notices and of instituting Prosecutions to a small sub-committee of the Health Committee, so that in such a case as I have outlined above it might be possible to prosecute the owner and remedy the defect during the course of a few days.

Tables H. and J show the number of Nuisances discovered during the year, and the results of the action of the Health Department. These insanitary conditions were found as the result of the investigation of complaints, of visits to houses where infectious disease had occurred and during routine and other inspections.

It is gradually being recognised by the Owners of insanitary house property that Notices and Orders served by the direction of the Council must be obeyed, and are not mere pieces of paper to be treated with disregard. To serve Notices, and not to follow them up and enforce obedience to them, would merely bring the Town Council into disrepute—it would be as ridiculous as making a District Rate and not caring whether the money was paid or not.

Infectious Diseases.

The following infectious diseases were notifiable during the year 1919, namely :—Small-Pox, Chicken-pox, Typhus Fever, Trench Fever, Relapsing Fever, Typhoid or Enteric Fever (including Paratyphoid infection), Cholera, Dysentery—amoebic and bacillary, Malaria, Diphtheria and Membranous Croup, Scarlet Fever and Scarlatina, “Continued” Fever, Puerperal Fever, Erysipelas, all forms of Tuberculosis, Acute Primary Pneumonia, Acute Influenzal Pneumonia, Measles and German Measles, Ophthalmia Neonatorum, Acute Encephalitis Lethargica, Acute Poliomyelitis, Polio-myelitis, Cerebro-spinal Meningitis.

Small Pox, Typhus Fever, and continued Fever, Cholera, Plague, Relapsing and Trench Fever. There were no cases of these diseases notified during the year.

Scarlet Fever. Ninety-two cases of this Disease were notified. They were not associated with school or milk infection but were sporadic. In several of them the source of infection was traced to the neighbouring Rural District where an epidemic of Scarlet Fever occurred. The Medical Officer for the Borough made representations on this subject to the County M.O.H. and to the Medical Officer of the Poole Rural District.

There were no deaths from Scarlet Fever during the year. The disease nowadays is a very mild one—much less fatal than Diarrhoea or Measles or Whooping Cough.

Every notified case was visited and almost all were removed to Isolation Hospital. The contacts were supervised, and, in certain instances, stopped from going to work.

Scarlet Fever is a difficult disease properly to control, and the majority of places in England are visited periodically by epidemics. One reason which makes the control so difficult is the mild nature of the disease ; a child is hardly ill at all, the mother sees no rash, and, after a day or two at home, the child, which is very infectious, is sent to school. A week later it begins to peel, but by that time

it has infected many other children. During the Routine Inspections of school children this year the School Medical Officer discovered a child who was peeling and had undoubtedly suffered from a mild attack of Scarlet Fever.

Information of the distribution of Scarlet Fever during the year is given in Table K.

Diphtheria. Seventy-six cases occurred during the past year. There was no epidemic and the cases were sporadic in nature.

Diphtheria is spread from person to person by the healthy "carrier." A child carries the microbes of the disease about in its throat or nose without being ill with the disease; and it is these "carriers" who infect the child whose health is poor, or whose resistance to disease is undermined by bad drains or big tonsils. In order successfully to control the spread of Diphtheria it is necessary to catch the "carrier," and with this object all possible contacts of a case of this disease have swabs taken from their throats and noses and examined bacteriologically.

During the year fourteen Diphtheria carriers or infectious contacts have been discovered. All these children were quite well and highly dangerous to their fellows; they were all removed to the Isolation Hospital, and were kept there until the germs of Diphtheria had disappeared from their throats or noses.

That is the only practical way of keeping Diphtheria under control.

Enteric Fever. Only seven cases of this disease were notified during the year. Two contracted the disease outside the Borough. Two developed it after association with other known cases. In the remaining cases the source of infection could not be traced. Enteric fever is best prevented by ensuring a pure water, milk and food supply. Inoculation is very valuable in giving protection when the disease is prevalent, and therefore the nursing staff at the Hospital was inoculated with T.A.B. Vaccine during the summer months, when they were nursing Enteric Fever patients.

Table R shows the attack-rates of the population of Poole, during the last twenty-five years from Scarlet Fever, Diphtherial and Enteric Fever.

Dysentery.—No cases were notified.

Erysipelas.—Eleven cases of this disease were notified.

Puerperal Fever.—Only one case of this was notified during the year. One other case which proved fatal was considered to be a case of Scarlet Fever.

Ophthalmia Neonatorum.—Sixteen cases of this venereal disease—gonorrhoea in the eyes of newly-born infants—were notified during the year. The Health Visitors undertake the home nursing of these cases when it seems desirable, or the children with their mothers are sent to Hospital for treatment.

Malaria. Thirty-six cases of this disease were notified. All of them were relapses, and were not contracted in the district. It is undesirable to notify this disease without having had a blood examination made. The Medical Practitioners of the district have not, however, availed themselves of the laboratory facilities in regard to these thirty-six cases.

Encephalitis Lethargica.—This rare form of Cerebral Influenza occurred three times in the Borough during the year. One case recovered, one died, and the third is slowly convalescing.

Polio-myelitis and Cerebro-spinal Meningitis.—No cases of these diseases were notified.

Pneumonia.—Thirty-nine cases of pneumonia were notified.

Chicken-pox.—One hundred and sixty-two cases were reported. This probably does not represent the real total, as many mild cases not seen by a doctor escaped notification. An outbreak such as this would have made Small-pox very difficult to control had it broken out during the year, as many cases of Small-pox might have been considered to have been Chicken-pox as the latter was epidemic.

Measles and German Measles.—Two hundred and three cases of Measles or German Measles were reported to the Health Department during the year. This figure again does not represent all the cases that occurred.

Tuberculosis.—One hundred and forty-three cases of Tuberculosis of the Lungs (Consumption) and eleven cases of other forms of Tuberculosis were notified during the year. This is a large number of cases.

The visiting of cases and their treatment at Sanatoria or at a Tuberculosis Dispensary is undertaken by the Staff of the Medical Officer of the Dorset County Council.

In 1919 there was no provision made for the isolation of advanced and very infectious cases ; these poor people, housed in decaying and overcrowded homes, spread the disease among their relatives and friends. It is a matter of urgency that the health of the people should be safeguarded by the isolation of these infectious cases of advanced and incurable consumption. Details of the age distribution of these cases of infectious diseases, and of the parts of the Borough from which they were notified are given in full in Table K.

NON-NOTIFIABLE INFECTIOUS DISEASES.

Influenza.—Twenty-five deaths were attributed to Influenza during the year ; probably there were many hundred cases in the Borough. Many of the deaths due to Bronchitis and Pneumonia (66 in all) were probably secondary to an attack of this disease.

Influenza last visited Europe in 1889-1891 as an epidemic, and caused a heavy mortality at that time. The disease is very infectious and passes rapidly from person to person through a community. It is probably caused by a filterable and ultra-microscopic organism, which can be cultured by suitable methods.

This causative microbe of Influenza causes haemorrhages into the lungs. When these areas of haemorrhage have formed they make an ideal breeding place for death-causing microbes such as *B. pfeiffer* and *Streptococci*, which lead so often to a fatal oedema and consolidation of the lungs.

Influenza, like other acute pulmonary diseases, *e.g.*, measles, is very difficult to control because of its intensely infective nature. Ventilation and the prevention of overcrowding are the best means of preventing an epidemic.

Inoculation by means of a mixed vaccine is useful in preventing the complications of Influenza. A supply of mixed Influenza vaccine was made for this Borough by Professor C. J. Martin, F.R.S., and was given free of charge to those Medical Practitioners who cared to have it. In November, the Medical Officer of Health offered inoculation to anyone who wished for it ; some 100 persons altogether availed themselves of this offer. The strength of the vaccine used was B.pfeiffer 600 million per cc ; Streptococci 400 million per cc., and Pneumococci 500 million per cc. No ill effects followed prophylactic doses by means of this vaccine which is much stronger than that used in the Army.

Whooping-Cough.—There was a small outbreak, associated with the infant schools, of this disease during the latter months of 1919.

Mumps.—No outbreak of this occurred.

Impetigo.—Is a disease which is endemic in the Borough. It is an infectious skin disease and causes some disability and much suffering. Further reference is made to it in the section of this report that deals with the work of the School Medical Service.

Venereal Diseases.—Although Venereal Diseases are not notifiable (except Ophthalmia in infants), the Medical Officer has had many cases brought to his notice during the latter months of the year. In the Autumn, a poster was affixed in the public urinals in the district, which gave a few particulars concerning venereal diseases, and stated also that free bacteriological examinations would be made by the Medical Officer, who would also advise cases of Gonorrhoea or Syphilis where to obtain treatment.

Fifty-four persons availed themselves of this public invitation—eight women and forty-six men. They came for diagnosis and advice, and were told when and where they could get free treatment. The Medical Officer of Health did not desire to hear their names or to know their addresses. These fifty-four cases were probably not all the people in the Borough who were unfortunate enough to have contracted these diseases ; but they represent the intelligent persons among these sufferers who wished for early treatment.

It is not possible to arrive with any degree of accuracy at the number of cases of Venereal Diseases which are present in the Borough. The sixteen cases of Gonorrhoeal infection of the eyes of infants probably represents the disease in thirty two persons. In addition to this, by careful scrutiny of the death returns, another nineteen persons suffered from the immediate or remote effects of Venereal diseases and died of them during the last year.

Altogether then 105 cases of Venereal Disease came to the notice of the Health Department during 1919; but the Medical Officer is convinced that these are only a small proportion of the total number of infected persons.

There is no doubt that Venereal Diseases have increased in prevalence since the outbreak of war; on the other hand the teaching and practice in the Army and Navy have spread a wide knowledge among the people concerning these sicknesses. Ignorance and Venereal Diseases have always gone hand in hand, and now that these things are spoken of in the open and not hushed up as formerly, we may hope to see in the future a lightening of our heavy load of disability and death. Clear and scientific teaching has been given to the Troops, but it has so far been denied to the civilian population. The following summarises the teaching that should be given—

1. Both Gonorrhoea and Syphilis are caused by microbes.
2. These microbes, like all other microbes, are easily killed and rendered harmless.
3. These microbes can be easily killed with antiseptics.
4. The sooner that antiseptics are applied after infection, the more certain will the person be of escaping Venereal Disease.

When every man knows this theory and practice of preventing Venereal Diseases, we may expect to find these scourges as rare as Plague or Leprosy.

A local branch of the National Society for Combating Venereal Diseases has been formed in the District. Four lectures have been given to women by a Lady Doctor. The Medical Officer has lectured in two of the large works in the Borough during the dinner hour, and is prepared to give other lectures on the same subject.

BOROUGH ISOLATION HOSPITALS.

There are two Isolation Hospitals in the Borough, the one on the Baiter peninsula in the Harbour, the other on Alderney Heath, three miles North of the town of Poole.

Baiter Hospital.—Is kept only for cases of Small-pox and Plague. It has not been used during the year. The Hospital contains 16 beds. During the war the Hospital buildings fell into decay, but they have been extensively repaired during the past year ; so that the place is now sanitary, weatherproof and fit and ready for occupation if the emergency should arise.

The provision of a suitable Small-pox hospital, such as this, is the best insurance that the Borough can have against a bad epidemic of Small-pox.

Alderney Isolation Hospital.—Is situated on the moorlands at the back of the Borough. It is an ideal health resort about two hundred feet above the sea level, built on gravel soil among the pinewoods. The patients in that institution benefit by these advantages.

The Hospital consists of a brick Administrative Block, one brick ward for Scarlet Fever patients, a permanent laundry and a brick built coach-house and disinfecting station.

There are five so-called temporary wards of galvanised iron, lined with asbestos sheeting. These are well built, and, with care, should last as long as the more substantial buildings. There is a small discharge block, and a small mortuary.

The Staff of the Hospital consists of the Medical Officer ; the Matron (Mrs. Nippard) ; Mr. Nippard who drives the ambulance, does the steam disinfecting, and, with the aid of a gardener, looks after the grounds ; there are 7 nurses ; five ward maids ; a cook and two Laundry Maids.

The Medical Officer visited the Hospital 253 times during the past year. He would like here to place on record his appreciation of the work of the staff ; to their care and excellent nursing the low rate of mortality at the hospital is largely due.

HOSPITAL ADMINISTRATION.

One or more Nurses and a Ward Maid are assigned to each block, according to the pressure of work there.

It speaks well for the care taken by the Staff that no case of cross infection has occurred—that is to say no patient admitted with Scarlet Fever, for example, has contracted Diphtheria or any other disease.

During the collection of cases a Nurse accompanies the Ambulance. She takes notes on a card of the history of the case and leaves behind her a paper (see Appendix to this Report) for the guidance of the relations.

On discharge from the Hospital of the patient, further printed instructions are given to the Parents, so that every possible precaution may be taken against even the remote possibility of home infection.

Diphtheria cases are not discharged from Hospital until they have had three consecutive negative swabs from the throat and nose.

Uncomplicated cases of Scarlet Fever are discharged from Hospital four to five weeks after the onset of disease. They are allowed to finish their peeling at home.

Cases of Enteric (Typhoid) Fever are discharged from Hospital when they have been given three negative rectal swabs.

There have been no return cases during the year.

Diseases treated in Hospital.—The following diseases have been treated in the Alderney Hospital during the year :—Diphtheria, Scarlet Fever, Enteric Fever, Measles and German Measles, Encephalitis Lethargica, Pneumococcal Meningitis, Tubercular Meningitis, Acute Pneumonia, Tuberculosis, Impetigo and Scabies, Whooping Cough and Gonorrhoeal Ophthalmia.

Cases have been admitted to the Hospital from the Borough, from the Poole Rural District and from the four large Military Camps in Dorset.

Deaths during the year.—6 deaths have occurred in the Hospital. Particulars of these are as follows :—

- 1.—A child suffering from Tubercular Meningitis.
- 2.—A case of Pneumococcal Meningitis.
- 3.—A case of acute toxic pneumonia, in which death occurred within 36 hours of the onset of illness.
- 4.—A child who was admitted dying after 10 days illness with Diphtheria. It died a few hours after admission.
- 5.—A case of Diphtheria, which was admitted dying.
- 6.—Another case of Diphtheria, which had not been diagnosed early.

Hospital Statistics.—Details of the admissions to Hospital, and of the cost of patients during the year are given in Tables L and M.

ADVANTAGES OF ISOLATION HOSPITALS.

Among the advantages of an Isolation Hospital are the following :—

1. Loss of employment due to infectious illness in the house is avoided.
2. After a short interval children from infected houses can re-attend school.
3. No Doctor's bills are incurred.
4. The patient has a better chance of recovery.

The amount of money paid in the rates towards the support of the Isolation Hospitals is a cheap, useful and practical form of insurance against the disabilities and annoyances that are inseparable from infectious diseases.

Very few Isolation Hospitals are regarded favourably by the people at large ; but the Poole Borough Hospital on Alderney Heath is an exception to this. It is rare to find a parent who objects to the Hospital—the very few who do object have had no experience of it. Those whose children have been there as patients have nothing but praise ; they see their children, often ill-nourished and unhealthy, going there perhaps almost in a dying condition ; when those children are sent home again they are fat and well-liking—they soon recovered from their illnesses and they enjoyed a happy country holiday.

HOUSING.

General—There is a shortage of working class houses in the Borough. There is a certain amount of insanitary house property, which cannot be closed and demolished until new houses are provided.

There are several large houses in the better parts of the district which could be converted into flats and turned into working class dwellings.

When the Housing Problem has been solved the health of the people will be greatly improved.

Housing Schemes.—For many years past the Town Council has been considering the questions of clearing insanitary house property and of building new working-class houses.

A scheme is in course of preparation for dealing with an insanitary area in St. James Parish.

The Council has decided to build a number of houses for the working classes, and has applied for sanction to borrow the necessary sum of money.

Two experimental concrete houses have actually been built. They are well designed, dry and comfortable. It is proposed to build one hundred more similar to these.

Closing Orders.—Only six closing orders were made during 1919. They were made respecting houses which had been represented as unfit during the previous year. Although many houses ought to be closed, this action is not practicable at present owing to the acute house shortage.

Demolition Orders.—No demolition orders were made by the Council during the year. A few old houses, on which demolition orders had been made in the past, were however, pulled down and the sites cleared.

COMMON LODGING HOUSES.

There are three Common Lodging Houses in the Borough. Sixty-three visits were made to them during 1919.

They are well kept and afford reasonable lodgings for the persons who frequent them.

No case of infectious disease was notified from them during the year.

TENTS AND VANS.

A few dwellers in Tents and Vans pass through the district from time to time and remain for varying periods.

These nomadic people are found chiefly in the Heatherlands part of Branksome. Gypsies are a clean race and care well for their children.

There were, during the summer months especially, some amateur dwellers in Tents and Vans, who established themselves in the woods and among the sand dunes at Sandbanks. These people had hardly an elementary knowledge of field and camp hygiene, and could have learned much wisdom and cleanliness from the Romany people.

DISEASES OF ANIMALS ACTS.

Only four cases of Swine Fever and one suspected case have occurred during the year.

All pigs from a market are moved with a Licence, and have to be quarantined for 28 days and the Licences delivered to the Police immediately after the movement. All the Licences have been checked, and several visits were paid to see that the pigs have been quarantined.

One case of Psoroptic Mange and one of Parasitic Mange have occurred during the year. Thorough isolation and disinfecting in both cases prevented any further outbreak.

No other scheduled diseases have occurred and it has not been necessary to institute any prosecutions.

FACTORY AND WORKSHOPS ACT.

Since the war the routine inspection of factories and of workshops and work places has been considerably reduced. During the past year however, twenty-nine visits were made, and the conditions found have been satisfactory.

No case of industrial poisoning was brought to the notice of the Health Department during the year.

DESTRUCTION OF RATS.

General.—In the Autumn the Medical Officer of Health was appointed Executive Officer under the Rat Order, but before that time, indeed since the Spring, a campaign against rats has been in progress and organised by the Health Department.

There are two varieties of Rats in the Borough; namely, the Black Rat (*rattus rattus*) and the ordinary Brown Rat. The former variety, common enough in the East, is seldom found in England. Its presence in this town can be accounted for in one of two ways: either it arrived by train with oil cake from Selby in Yorkshire where the black rat has lately been found, or else it was brought back here by trawlers returning from the Mediterranean.

The Black Rat is the house rat, and is sometimes known as the "roof rat". It will not live out of doors in this country. It can climb like a cat, or even better. Its food supply needs to be ready prepared for it, since the black rat will not go foraging like its brown cousin. These Black Rats are found, therefore, in stores near the Quay, where they can eat to their fill of every conceivable variety of grain and where oil cake to supply the fat that they need is found in abundance.

The Brown Rat lives out-of-doors, in burrows made in hedges and ditches, in rubbish tips, in sewers, under heaps of old stones—anywhere except indoors. It may travel miles for its food. It cannot climb like the Black Rat, and it will live on any offal.

Methods Adopted.—In the early summer a campaign with the object of killing the Black Rats in a certain grain store was undertaken. Various sorts of poison were put down; but the rats, surrounded as they were by other more excellent and appetising food, would not look at the poison.

I then tried feeding the rats night by night with bread and milk. This was readily taken. After feeding for a week I put some white arsenic in the bread and milk. The rats were too clever and would not touch it. We repeated the same experiment using potassium cyanide, a substance somewhat allied to prussic acid. Five out of about one hundred dishes were licked clean, and a good many rats must have perished from this. We repeated the experiment after a few weeks interval using Red Squills in the bread and milk, but the result was disappointing—still, we persevered and put down later another supply with equally poor results.

In the middle of January 1920, at the time of writing this report the situation regarding the Black Rats is as follows—they are still in the Town but their numbers are much decreased. We hope to have better success during the next few months.

With the Brown Rats however, we have been very successful, and have cleared the whole of the Baiter peninsula entirely. At other places, in stores, shops, slaughter houses, in Branksome Park and the Woods near Poole Head, we have killed large numbers of Brown Rats and the campaign so far can be considered a success.

I have found Phosphorus paste spread on Bread and Lard and cut into small squares the best bait to use for killing the Brown Rat: as an alternative poison, we have used Barium Carbonate in 45% Russian Tallow with 5% Lard or Margarine. This latter poison keeps well and can be left in runs out of doors and exposed to the weather for months without deteriorating, and it is fairly harmless to domestic animals. Phosphorus paste however does not keep well and oxidises in about three days becoming inert and useless; also it is poisonous to animals and to man. While

laying some ten thousand pieces of this poison at Baiter, it was necessary to put a Policeman on point duty there to keep away little children who thought we were throwing away potted meat.

Diseases spread by Rats.—Bubonic or Asiatic Plague, which appeared in this Country in the middle ages as the Black Death, and later as the Great Plague, is spread by the flea of the Black Rat. Hence it is a matter of public health importance to rid the district of the vermin, without whose aid an epidemic of Plague cannot occur. The Brown Rat is responsible for a disease known as Rat-bite fever, a rare condition ; and for another disease, fairly common in France (especially around Ypres), known as Infective Jaundice (Ictero-Haemorrhagic Spirochaetosis). About ten per cent. of Brown Rats in this Country carry the microbes of this fatal jaundice. Apart from the illness and death which they may cause, rats both Brown and Black do a vast amount of material damage.

A small monetary grant was received from the Dorset County Council for Rat Destruction. A charge is made for each visit to a premises for the purpose of laying poison.

In dealing with Vermin such as these it is important not to allow efforts at their destruction to lapse. A “rat week” now and again no doubt does a lot of good ; but continual effort is much better.

VARIOUS.

The Medical Officer of Health makes monthly reports to the Health Committee, and presents statements showing the work done by the Inspectors, and of the prevalence of Infective Disease. He has also been asked to make Special Reports to the Water Committee.

During the year the Medical Officer has given lectures at the Borough of Poole School for Mothers, and addressed a Public Meeting in the Guildhall on the subject of the work of that body. He has lectured also in two of the large works in the Town on the subject of Venereal Diseases ; and read a paper on Influenza to a Sessional Meeting of the Royal Sanitary Institute which met in the Town during the autumn.

The Council has allowed the Medical Officer a mileage of 6d. when he uses his car for the public service. He has travelled over 2,400 miles in the District since his return to duty.

PORT OF POOLE.

The Medical Officer of Health is also Medical Officer for the Port of Poole, and Mr. P. W. Wheeler, one of the district Inspectors, is Inspector of Nuisances to the Port Sanitary Authority.

One hundred and forty-two ships were visited during the year, and inspection was made of the health of the crews and of the sanitation on board.

The conditions found were generally good, and in no case was it necessary to serve a written notice. A verbal notice to cleanse was given in four instances.

No case of Infectious Disease was found among the crews. Week by week the Port Medical Officer receives a list from the Ministry of Health showing the distribution of certain infectious diseases throughout the Ports of the World.

H.M. Customs Officer of Poole sends intimation of the arrival of ships in the Port, indicating from what foreign place any of these vessels have come.

During the year the cargoes carried by the foreign and coastwise ships were :—Stone, 72 ; Timber, 15 ; Coal, 13 ; Grain and Flour, 14 ; Oil, 8 ; Oil Cake, 3 ; Clay, 3 ; Cement, 2 ; General Cargoes and produce, 128.

The importance of Port Sanitary Work should not be underestimated, since it is against diseases such as Cholera, Plague and Small pox that the Port Sanitary Authority is often the first line of defence. Many a threatened epidemic has been stayed at its port of arrival.

A draft Order by the Ministry of Health foreshadows much development of Port Sanitary Work and when this Order comes into operation it will entail additional and laborious work on the small staff of the Poole Port Sanitary Authority.

Maternity and Child Welfare.

Introductory.—Until the year 1919, the Town of Poole has never had a comprehensive scheme to deal with the welfare of Mothers and Young Children. During the absence of the present Medical Officer a scheme was prepared, but did not meet with the approval of the Council; the whole question therefore called for review during the spring and early summer of 1919, and the general principals, on which a detailed scheme was to be prepared, were approved by the Council last July. The detailed organisation received the sanction of the Ministry of Health in November, and was in working order before the end of the year.

Staff—For the purposes of working among mothers and young children, the Borough is divided between the four Health Visitors, each of whom is responsible to the Medical Officer for this work and for the School Work in her area. Although two of the Health Visitors were only appointed in the autumn, the number of visits paid to mothers and young children during the year was 2,056.

Co-operation with Voluntary Workers.—A voluntary organisation, the Borough of Poole Schools for Mothers, which, until recently, has been known as the Poole Mothers' Association, has done excellent work during the past ten years in the Borough; and the efforts of this Association are now co-related to the work of the Medical Officer's Department. Co-ordination between these two (which are both working for the same purpose) is assured by the giving of a Council Grant of £100 per annum to the Association, and the presence of the Medical Officer and of two members of the Council on the Executive Committee of that Association. Two of the members of the Association are co-opted members of the Council's Maternity and Child Welfare Committee.

The Borough of Poole Schools for Mothers have a salaried Lady Superintendent, whose duties are to attend the four Centres of the Association and generally to supervise the work there. In order not to overlap with the Council's Health Visitors, she restricts her visiting to looking up absentees from the Centres and to visiting in certain cases of sickness. The visiting of New-Born Babies, and the following up of these, is undertaken entirely by the Borough Health Visitors. This arrangement of work is satisfactory and

ensures a maximum amount of visiting without overlapping. Mothers do not like two different nurses both calling about the same business.

Midwives.—It is regrettable that the control of Midwives is still in the hands of the Dorset County Council. The Medical Officer feels, regarding a Borough such as this, where a complete Maternity and Child Welfare Scheme is in operation, that the midwives, so important an element for the success of this work, should be under the control of his Department, and that the present arrangement is inco-ordinate. There are five Midwives practising in the Borough.

Ante-Natal Work.—A Mother in need of advice before the birth of her child can consult one of the Doctors who attend at the Centres of the Poole Schools for Mothers, or she can be seen by the Medical Officer of Health at either of the School Clinics. The Health Visitors also are always ready to give advice to expectant mothers. If the pregnancy is complicated the mother will be admitted, on the recommendation of the Medical Officer of Health, for treatment at the Cornelia Hospital.

There is no specially designated “ Ante-Natal Clinic ” in the Borough ; but the two School Clinics and the four Centres are prepared to carry out this work as well as their other duties. The Medical Officer of Health and the Health Visitors gave advice to 129 expectant mothers during the year.

Natal Work.—As already stated, the control of the Midwives is vested in the Dorset County Council.

Out of the total number of births in the year, namely 789 (including 20 still births) the midwives notified 315, the Doctors in the district 420, the parents of children 29 ; and 25 were unnotified.

In all cases where the births were not notified a letter was sent asking the father of the infant for an explanation of his neglect to notify.

The five Midwives that are practising in the Borough at the present time seem to be a sufficient number, and no case of inability to obtain the services of a midwife has been brought to the notice of the Medical Officer during the year.

If it appears to the Medical Officer of Health that a woman cannot safely be confined in her home, he can recommend that she go for her confinement to the Maternity Ward at the Cornelia Hospital. This provision is part of the newly authorised scheme, and should be of great benefit to mothers. Several bad cases have been brought to notice during the year, where the home accommodation was entirely inadequate.

Mothers whose confinement has taken place at home, but who are in need of operative treatment, will be admitted to the Cornelia Hospital, and cases of Puerperal Fever will be taken to the Isolation Hospital if the need arises.

One fatal case of Puerperal Fever was notified during the year. Another woman died apparently from Puerperal Sepsis after childbirth. Out of 769 children born alive, 48 died during the first year of life, which corresponds to a rate of 62 per 1,000 births. This very low rate, which is a record for the Borough, is largely due to the excellent work of the Health Visitors and to the efforts of the Schools for Mothers. The subject of Infant Mortality will be considered later.

Post Natal.—A Health Visitor calls at the house as soon as possible after a birth is notified, and does what she can by her help and advice to further the interests of the mother and the child. The visits of the Health Visitor continue at frequent intervals during the first few months of the child's life, and the child is kept under observation until it is old enough to go to school, when it comes under the care of the School Medical Service.

Mothers are urged to go with their young babies to one of the Centres for educative purposes ; but it is appreciated that, although the work done in these Centres is excellent, it does not appeal to all classes of mothers. The better class mothers, who have little or no need of instruction, form the majority of those who attend regularly at the Centres—the bad and careless mother does not go, and it is among this latter class that the work of the Health Visitor is so very valuable ; for it is among this sort that the rate of Infant Mortality is generally high.

The minor ailments of young children are treated at the School Clinics and at the Centres. Provision for the dental treatment of

nursing mothers and of young children is made at the Centres. On the recommendation of the Medical Officer of Health, young children with enlarged Tonsils and Adenoids, or suffering from Ringworm of the Scalp, can obtain appropriate treatment at the Cornelia Hospital. Cases of Medical and Surgical Diseases among children under school age will also be admitted to the Cornelia Hospital on that recommendation. Certain cases of Measles and of Whooping Cough and the other notifiable infectious diseases are taken into the Isolation Hospital. Cases of Ophthalmia in newly-born infants are also admitted there if they cannot receive adequate treatment at their home. Other Venereal cases are referred for treatment to Boscombe Hospital eight miles away, as unfortunately the Dorset County Council have up to the present established no clinic in Poole.

The provision therefore that has been made for the care of newly-born children until they reach school age is considerable, and no young child born in this Borough should in the future lack medical and nursing aid. It is hoped that the proper and energetic working of this scheme will save not only much infant sickness but also many child lives, and that children will no longer enter school crippled and disabled as the result of five years' neglect.

It is never too early to begin to prevent disease.

Food, Milk and Medical Comforts.—The Medical Officer has been authorised by the Council and by the Ministry of Health to provide lying-in outfits, food, milk and medical comforts in certain necessitous cases, and although that authority was only granted late in the year, a certain amount of work has already been done, chiefly in the direction of providing milk and dried milk at cost price or less than cost price or free of cost in some necessitous cases. Again, in order to prevent overlapping, the Medical Officer gives milk under these conditions only to mothers who do not attend the Centres. Those who go to the Centres receive the milk, etc., if they are in need of it, from the Centre.

It was felt necessary to establish some standard, based on the money coming into a family, to decide whether or not a case should receive milk; and the scale adopted at present is as follows:—after deducting the rent and any insurance paid, if the money coming into a house is less than seven shillings per week per head,

then the young children of that family or the nursing mother might receive milk either free or at a reduced rate. If the purchasing power of money alters greatly, this arbitrary scale will need to be revised ; but at the present it seems to be satisfactory. The giving of these Milk Orders, and the proper investigation of the cases, causes much work, to an already fully occupied staff.

Up to the end of the year, milk or dried milk was given free to fourteen mothers, and was sold at a reduced rate to twenty-two others. Orders were given to a milk seller, for example, to supply a mother with a quart of milk daily for one month for the sum of sixpence or ninepence a quart, and to charge the difference between this and the retail price to the Medical Officer's Department.

No doubt the provision of sufficient milk to a nursing mother or to a weaned child will have great influence for good on the health of these young children.. A child who begins his existence by being starved or badly nourished starts with a heavy handicap of ill-health, and he will always be behind his more fortunate comrades in the race of life.

Infant Mortality.—The untiring work of the Poole Mothers' Association during the past ten years is no doubt one of the causes of the low rate of Infant Mortality in the Borough of Poole to-day. The lessons taught by these schools for Mothers have reached not only the scholars there but have filtered also to their friends and neighbours, so that in the Borough there is a growing desire among mothers to do their best by their little children. The Poole Mothers' Association for years past has been forming public opinion in the district ; it has been the little leaven, leavening the whole. The work has been greatly helped by the efforts of the Health Department, and these two factors operating together have caused the Infant Mortality Rate this year to be the lowest on record.

The various causes of the deaths of young children were set out in detail in my Annual Report for 1914, and it is necessary therefore to discuss them only shortly here.

Ante-natal influences are the chief factors in causing children to die within a few weeks of birth. If a mother is diseased with Syphilis, if she is overworked and under-nourished, if her general health is bad for any reason then the newly-born child is likely to suffer. Much of our Infant Mortality was attributable to ante-natal conditions—out of the forty-eight deaths of babies, twenty-four died from prematurity and lack of vitality at birth.

Injury at birth also may cause the death of children although the mother is healthy : but this is not an important cause of Infant Mortality.

Post Natal Influences. Improper and insufficient feeding, insanitary circumstances and all varieties of infectious diseases, including summer and fly-carried diarrhoea, are the chief agents in killing a child who has been fortunate enough to be born healthy.

Tables P and Q at the end of this Report show the different causes of the deaths of young children in this Borough during the year 1919.

Work of the Health Visitors.—The Health Visitors gave advice to 129 expectant mothers. They visited 438 newly-born infants and paid altogether 1,737 visits to these newly-born children.

They made 652 visits to other children under five years of age.

Of the children visited by them, the majority did well ; 218 however, thrived only moderately and 24 did badly. In seventy-seven instances the Health Visitors referred the child for treatment either to a Medical Practitioner or to one of the School Clinics.

Other Work.—In addition to the above, the following work has been carried out by the four Centres and by the Superintendent there :—

Two hundred and thirty four infants received medical consultations which were held 164 times during the year ; and these infants made 1,380 attendances. The babies were weighed and medically examined. Records of their progress were kept. Incipient disease is prevented by infant consultations such as these.

Two hundred and two mothers attended at 164 health talks or lectures, and made altogether 4,327 attendances. Very much knowledge is disseminated among mothers, and by them to their friends and neighbours, by means of these Health Talks.

Over 4,000 children were received into the nurseries while the mothers were listening to the lectures.

Ante-natal advice was given to 122 mothers at the centres, and in their homes by the Lady Superintendent, who made about 2,500 visits during the year.

Vital Statistics.

Without reliable statistics of sickness and of death we are unable to estimate the healthiness of a district. To the majority of persons figures are uninteresting but those which deal with life, illness and mortality are generally of more interest than other and less personal statistics.

In order to avoid breaking up the body of this report, and for reasons of convenience in reference, all the Tables of Statistics are placed together at the end of the letter-press of the report.

Population.—It is most difficult to make an accurate estimate of the population of the Borough. The methods, that were employed before the war for arriving at such an estimate, are useless to-day. Many men have left the district, some never to return. The Birth-rates and Marriage-rates have shown material alteration, and no estimate of population based on these, and on the pre-war figures, could be considered accurate. Nor would figures obtained from the number of inhabited houses give much help in this direction, since the number of persons per house has altered greatly since the time of the last Census.

The most reliable figures are those obtained from the Local Food Office. Practically everyone, except a few of the young infants in the Borough, has registered there for a Food Card. I have had access to the weekly returns throughout the year and find that the average number of persons in the Borough who have had Ration Cards is 41,033. To this must be added a small figure representing those infants, whose parents have failed to obtain Ration Cards on their behalf; I do not think that this figure exceeds 10% of the newly-born babies, namely 77. This small figure added to the other gives the average yearly population of the Borough as 41,100, and this is the figure that I shall employ in working out the various rates given in this section of my report.

Age and Sex Distribution.—It is not possible to estimate this except approximately. A Census of the population will be taken in 1921 and after that we shall again be in possession of reliable figures.

Birth-rate.—Seven hundred and eight-nine births occurred in the Borough during the year, of which twenty were notified as still-births. The 769 living births correspond to a Birth rate of 18.7 per 1000 population.

Fifty-one births were registered as being illegitimate. This is equal to a rate of 71 per 1,000 legitimate births.. Whether or not the declining Birth-rate is an index of civilisation is a matter for debate. Certainly, however, it is better and less wasteful for a district and for a Nation to have a low Birth-rate accompanied by the survival of many children, rather than to have a high rate followed by excessive child mortality.

Table T gives details of the Birth-rate in the Borough during the last quarter of a century.

Marriage Rate.—442 Marriages took place during the year. This corresponds to a rate of 21 per 1000 population.

Death Rate.—There were 527 deaths during the year. This corresponds to a death-rate of 12.8 per 1000 population. No doubt the rate would be lower if it were corrected according to the age and sex distribution of the Borough, but the necessary factor of this correction is not available.

These 527 deaths include the “transferable” deaths for the first three quarters of the year but not the transferable deaths for the last quarter, as these were not available when the Report went to Press.

Although a death-rate is supposed to be an index of health or otherwise in a district, that is not always the case. A Town with a larger number of young children or of old persons would have a high death-rate, although it might be a very healthy and sanitary Town.

The present death-rate can be considered very satisfactory especially when we take into consideration the heavy incidence of Influenza and of its pulmonary complications in the winter of 1919. Details of the Death-rate during the last twenty-five years are given in Table T.

“ Zymotic ” Death-rate.—The term “ Zymotic ” disease includes the ordinary infectious diseases, together with Measles and Diarrhoea. It is an index of the amount of infective disease in a district; but the rate is an uncertain one for the purpose of judging whether a district is really healthy or not, as it is influenced so largely by the Measles mortality, which is altered little or not at all by sanitation.

The “ zymotic ” death-rate for the year was 0.3 per 1,000 population. This is a low rate, because there were no deaths from Measles and only 2 from Diarrhoea.

CAUSES OF DEATH.

Enteric Fever, Small-pox, Measles, Scarlet Fever, Erysipelas.—There were no deaths during the year from any of these diseases. Some of the deaths attributed by Medical Practitioners to Bronchitis and Broncho-pneumonia may possibly have been secondary to Measles, but this was not indicated in the death certificates.

Whooping Cough.—Caused four deaths in the year. One of these was complicated by general Tuberculosis, a not unusual sequel to Whooping Cough.

Diphtheria.—Four deaths were recorded from diphtheria. This corresponds to a case mortality of only 5.3 per cent, which is a low and satisfactory figure. Early and sufficient treatment with antitoxin and careful nursing in the Isolation Hospital are no doubt responsible for this good result.

Influenza.—Twenty-five deaths were attributed by Medical Practitioners to Influenza. Probably this is an under-estimate, and many of the deaths due to Bronchitis and to Pneumonia were really due to this disease which ravaged the Country during the early months of 1919.

Pulmonary Tuberculosis.—Phthisis or Consumption caused 38 deaths.

Tubercular Meningitis caused one death, and *other Tubercular diseases* seven deaths—at total of 46 deaths from infection by the Tubercle Bacillus. This corresponds to a rate of 1.1 per 1000 population.

Cancer.—The Cancer death-rate is rising, chiefly because there are more older people among the population than formerly. There were 69 deaths from Cancer and Malignant Disease during the year. This is equal to a rate of 1.7 per 1,000 persons living in the Borough. Details of the death-rates from Cancer and Consumption during the last 20 years are given in Table S.

Rheumatic Fever.—Only one death was returned from this cause. As Rheumatic Fever has a specially damaging effect upon the heart, it is likely that some of the deaths due to *Organic Heart Disease*, namely 47, were due indirectly to a previous attack of Rheumatic Fever.

Meningitis.—Caused five deaths. None of these were Cerebro-spinal (Meningococcal) Meningitis.

Bronchitis.—Caused 40 deaths and *Pneumonia* 26 deaths. Some of these no doubt were secondary to influenza.

Diarrhoea or Enteritis.—Was stated to be the cause of death in four instances. This is a small number of deaths, considering how badly the Town was plagued by flies during the summer and early autumn.

Appendicitis.—Caused four deaths.

Cirrhosis of the Liver—was only returned as the cause of death by the doctor in attendance in one instance. There were, however ten cases of *Nephritis or Bright's Disease*.

Puerperal Fever.—Caused two deaths, and two other women died from *Accidents of Pregnancy and of Parturition*.

Congenital Debility, Premature Birth, etc.—Caused the deaths of 32 young infants. No doubt many of these cases were due to congenital Syphilis. The subject of Infant Mortality is discussed in another part of this Report. Details of deaths from Prematurity etc., are given in Tables P and Q.

Violent Death came to 21 persons and 2 committed suicide.

Other Defined Diseases accounted for 173 other deaths. The majority of these, namely 113, could be attributed to Senile Decay and Old Age. Six persons died from diseases which were ill-defined by the Medical Practitioners in attendance or by the person certifying the death, *e.g.*, the phrase "Natural causes," so loved by a Coroner's Jury, is an ill-defined cause of death.

Details of the deaths during the year, arranged according to the ages at death are given in Table P, which also shows the number of deaths which took place in Institutions, Hospitals, etc., in the Borough during the year.

APPENDIX I.

REPORT OF THE SHERIFF OF POOLE.

Report of the Sheriff of Poole, Alderman J. C. W. Julyan, Chairman of the Health Committee on the Meeting of the Royal Sanitary Institute at Newcastle, July, 1919.

In company with the Medical Officer of Health I attended the first conference of the Royal Sanitary Institute held since the War at Newcastle-upon-Tyne during the last week of July.

The conference was very largely attended ; most of the Foreign and Colonial Governments being represented.

A very wide range of subjects were considered, and much helpful and useful knowledge was obtained.

At the opening meeting a most educative and inspiring address was delivered by the President, the Duke of Northumberland, in the course of which he observed that there was an undoubted trend to place increased responsibility and power in the hands of public bodies and Government Departments, and a great deal of its success would depend in an increasing extent on the efficiency, sense of duty and public spirit displayed by them in their Corporate and individual capacity. He also referred to the increasing representation being obtained by those engaged in manual labour and welcomed their presence, and expressed the view that with the realisation of power would come a larger sense of responsibility.

The section devoted to Housing claimed a very large amount of the time of the Conference. The opinion was generally expressed that greater freedom should be given Local Authorities in dealing with the matter, and on my initiative a resolution was passed asking the Government to concede this and allow greater freedom in the selection of suitable sites and schemes.

Various papers were read dealing with Maternity and Child Welfare. The position of the Unmarried Mother and her child, " Mothers Pensions," and several others of equal interest.

Epidemic Diseases and their control were dealt with in a most comprehensive and exhaustive paper by G. S. Buchanan, Senior Medical Officer, Ministry of Health.

Papers were also submitted dealing with Venereal Diseases and with their prevention, and evoked considerable discussion. The need for the establishment of a larger number of Clinics and early Treatment Centres was strongly urged.

The question of Prophylaxis disclosed a great difference of opinion amongst the medical men present

I might mention that the exhibition in connection with Child Welfare work was largely attended, as were also other exhibitions of Sanitary appliances.

I was able to visit the Infectious Diseases Hospital, and I may say that a portion of the grounds are used for the treatment of Tuberculosis.

The importance of these conferences and the advantages to be gained by those authorities who are represented is becoming increasingly recognised. The knowledge gained proves most valuable in every way.

It is impossible in a short paper to mention all one would like, but those who had the privilege of hearing Dr. Philips lecture on the "Heritage of Health" were amply rewarded for any effort made in being present.

I thank the Member of the Sanitary Committee and the Council for affording me the opportunity to attend on their behalf.

J. C. JULYAN,

Chairman Sanitary Committee.

Feb., 1920.

APPENDIX II.

Copy of Notice sent to all Medical Practitioners in
the Borough.

BOROUGH OF POOLE.

THE FOLLOWING DISEASES ARE NOW NOTIFIABLE.

Small Pox	Chicken Pox
Typhus Fever	Trench Fever
Relapsing Fever	Cholera
Typhoid or Enteric Fever (including Paratyphoid infection)	
Dysentery—amœbic and bacillary	
Malaria	Scarlet Fever and Scarlatina
Diphtheria and Membranous Croup	
“ Continued ” Fever	Erysipelas
Puerperal Fever	All forms of Tuberculosis
Acute Primary Pneumonia	Acute Influenzal Pneumonia
Measles and German Measles	Ophthalmia Neonatorum
Acute Encephalitis Lethargica	Cerebro-spinal Meningitis
Acute Polio-encephalitis	Polio-myelitis

Note.—The Medical Officer of Health will be pleased at all times to see doubtful cases of Infective Disease with the Doctors in the Borough. Laboratory facilities are now obtainable, free of charge, for the elucidation of the following diseases:—Relapsing Fever or Malaria (blood films), Diphtheria (swabs), Tuberculosis (sputa and pus), Ophthalmia (pus), Meningitis (cerebro-spinal fluid), Enteric, Dysentery, etc (faeces).

APPENDIX III.

BOROUGH OF POOLE

—o—

INFLUENZA.

HINTS AND PRECAUTIONS.

—o—

PREVENTION.

Infection may be guarded against by :—

- (A) Healthy and regular habits, and avoidance of :—
 - (i) Fatigue.
 - (ii) Chill.
 - (iii) Alcoholic excess.
 - (iv) Crowded meetings and hot rooms.
 - (v) Unnecessary travelling.
- (B) Good ventilation in working and sleeping rooms.
- (C) Warm clothing.
- (D) Gargling from a tumbler of warm water to which has been added enough permanganate of potash to give the liquid a pink colour.
- (E) *Vaccination*.—A vaccine against influenza has been prepared by the Ministry of Health and is available for general use in the same way as the War Office have provided similar vaccine for the troops. It is issued to Medical Officers of Health for distribution free of charge among medical practitioners within their districts, and any person who wishes to be vaccinated should apply to his private medical attendant. The purpose of the vaccine is prevention, and therefore to obtain its value it should be used *before* an epidemic occurs. It cannot be guaranteed that the vaccine will necessarily protect from attack, but there is reason to expect that if an attack occurs vaccination will do much to lessen the risk of complications.

Influenza is dangerous mostly because of what may follow it.

NOTE.—Anyone will be inoculated free of charge any Saturday morning at 9 a.m. by the Medical Officer of Health at his Office, Municipal Buildings, Market Street, Poole.

CURE.

In the event of an attack of influenza, the patient is advised to adopt the following measures with a view to securing a speedy return to convalescence and avoidance of complications :—

- (A) At the first feeling of illness or immediately on a rise of temperature the patient should leave his work, go home and go to bed ; he should keep warm and should send for the doctor.

- (B) On convalescence, the patient should avoid meeting-places and places of entertainment for at least one week after his temperature has become normal.
- (c) Recovery should be fully established before return to work.

PERSONS NURSING INFLUENZA.

- (A) The patient should, if possible, occupy a separate bedroom or a bed screened off from the rest of the room. This rule should be observed until the temperature is normal.
- (B) The patient should be kept warm
- (c) All curtains and other articles which prevent a free circulation of the air about the patient's bed should, as far as possible, be removed.
- (D) Inhalation of the patient's breath should be avoided.
- (E) A handkerchief or other screen should be held before the mouth and the head should be turned aside while the patient is coughing or sneezing.
- (F) The hands should be washed at once after contact with the patient

EMPLOYERS.

Workers who are obviously ill should be sent or taken home at once. Their continuance at work is bad for them and dangerous to others

NOTE.—This leaflet is circulated at the request of the Ministry of Health. Persons who are sick with Influenza and Pneumonia, who cannot be safely nursed at home, can be admitted to Hospital if they communicate with the Health Department, Municipal Buildings, Market Street, Poole.

A. T. NANKIVELL, M.D.

Medical Officer of Health.

APPENDIX IV.

Paper left by Ambulance Nurses at all houses from which a case of Infectious Disease is removed.

BOROUGH OF POOLE.

ISOLATION HOSPITAL.

Children from this house must not attend Day School or Sunday School or places of public assembly, until permission is given in writing by the Medical Officer of Health.

The room from which the sick child was taken must be closed, and not used until it has been disinfected, which will be done by the Council's Officers free of charge.

All clothing, toys, bedding, etc., from the sick room will be collected by the Council's Officers, and be disinfected free of charge.

Parents will be allowed to visit for the purpose of making enquiries of the Matron at Alderney Hospital each Sunday at 2.30-3.0 p.m., but they will not be allowed to visit the wards of the Hospital. Presents of books, papers, toys and games may be left for the patients. Each parcel must be distinctly addressed with the name of the patient.

Visitors are not allowed to enter the hospital grounds except to leave parcels at the lodge, and visitors are not allowed in or near the hospital wards without the written permission of the Medical Officer.

If it is found necessary to detain a child in hospital for more than six weeks, then the parents of a child will be allowed to visit it each Sunday.

Parents will be immediately informed if their children in hospital are not progressing satisfactorily.

Enquiries as to the health of children can be made by Telephone to the Matron (Parkstone 21), or to the Medical Officer of Health, Municipal Buildings, Market Street, Poole (Tel. 114 Poole), daily from 9.30 to 10.30 p.m.

A. T. NANKIVELL, M.D., D.P.H.,

(Medical Officer of Health and Medical Superintendent of Corporation Hospitals).

APPENDIX V.

LIST OF UNEMPLOYED WORKMEN IN THE POOLE DISTRICT, JANUARY, 1920.

7	Agricultural Labourers
17	Bakers
7	Boot and Shoe-makers
8	Bricklayers' Labourers
32	Builders Labourers
9	Brick and Tile makers
3	Carpenters
14	Carpenters Labourers
3	Cycle makers
1	Cabinet maker
4	Commercial Travellers
26	Clerks
54	Carters, Vanmen, etc.
37	Chauffeurs, Steam Wagon Drivers, etc.
90	Dock Labourers
11	Electricians
27	Engineering Labourers
27	Engine Drivers
17	Fitters
6	Fishermen
6	Grooms, Coachmen, etc.
18	Gardeners
4	Hairdressers
4	Hotel Servants (men)
3	Laundry workers
2	Masons
4	Metal Machinists
67	Navvies
1	Plasterer
16	Painters
16	Painters Labourers
4	Plumbers
6	Plumbers Labourers

- 4 Private House Domestics (Men)
- 3 Pottery Workers
- 2 Railway Platelayers
- 13 Seaman
- 4 Sawyers
- 9 Sawmill Labourers
- 4 Shipwrights
- 1 Smith
- 5 Smiths Strikers
- 48 Shop Assistants
- 5 Tram Car Drivers, etc.
- 3 Turners
- 3 Wood Cutting Machinists
- 2 Waiters
- 333 Labourers of all descriptions not including those mentioned.

APPENDIX VII.

BOROUGH OF POOLE.**What a Pregnant Woman needs.**

- 1 **Plenty of nourishing, wholesome food and extra milk.** If she is unable to afford this she should apply to the Health Nurse, who will give her necessary help. Alcohol is harmful and unnecessary both to the mother and to the unborn child,
- 2 **Plenty of fresh and pure air.** Avoid stuffy rooms, badly ventilated cinemas, etc. Report any case of bad smells or defective drains to the Medical Officer in writing.
- 3 **Plenty of cold water.** Drink two or three pints a day. This keeps the body flushed free from the impurities that collect during pregnancy, and so relieves headaches, constipation and giddiness. Take a mild aperient such as Cascara, if it be necessary ; but avoid strong purges such as Castor Oil or Salts.
- 4 **Plenty of Soap and Water.** Keep the body clean, particularly the breasts. Draw out the nipples with a little cold cream or lanoline : this will prevent cracked nipples, breast abscesses and bottle feeding.
- 5 **Plenty of Sleep.** Make it a rule to lie down for at least half an hour in the afternoon.
- 6 **Plenty of room to move** the body under the clothing. Wear loose clothes that hang from the shoulders as much as possible. Avoid pressure on the breasts or lower parts of the body.

When a Doctor's advice is necessary.

- 1 If it is the first baby, see a doctor or come to one of the centres.
- 2 If there has been a miscarriage or a stillborn baby before.
- 3 If there is persistent sickness, more than the ordinary " morning sickness " in the first few months.
- 4 If there is any loss of blood or any discharge.
- 5 If there is difficulty in holding water or in passing it.
- 6 If there are any ulcers or sores or if the mother cannot sleep well.

Expectant Mothers and Mothers with young Children.

Engage the Doctor or Midwife **early** for your confinement.

You will be welcomed at any one of the four Maternity Centres in the Borough. These are :—

Newtown Centre at Branksome Heath School. Mondays at 2.30 p.m.

New Street, Poole. Tuesdays at 2.30 p.m.

Heatherlands Centre at Church Army Hall, Alcester Road, Heatherlands. Thursdays at 2.30 p.m.

Branksome Centre at Conservative Club, Branksome. Fridays at 2.30 p.m.

You can get medical advice and help at these centres.

Go to one of the centres and see what it is like.

Children of all ages who are sick and ailing will be seen and treated by the School Medical Officer any Tuesday or Friday at the Branksome Council Buildings in Library Road, at 2 p.m., or any morning at the Municipal Buildings (side entrance) Market Street, Poole, at 9.30 a.m.

A. T. NANKIVELL, M.D., D.P.H.

Medical Officer of Health

School Medical Officer

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TABLE A.

CLIMATOLOGICAL OBSERVATIONS FOR THE YEAR 1919.

Month.	Temperature in Degrees.			Rain. Inches.	Bright Sunshine H. M.
	Mean.	Max.	Min.		
January ..	39·4	52·4	22·6	6·26	57·12
February ..	38·2	52·0	22·2	3·54	74·38
March ..	41·0	54·0	28·4	4·54	116·36
April ..	46·5	68·8	28·0	1·67	189·2
May ..	55·2	73·8	38·4	·44	232·59
June ..	57·6	75·4	41·6	1·06	237·40
July ..	58·9	79·4	43·0	2·15	188·34
August ..	62·6	82·4	44·4	3·65	258·25
September ..	56·8	73·4	31·6	1·60	169·58
October ..	46·9	66·6	30·6	1·15	184·56
November ..	39·6	56·0	24·2	2·58	71·8
December ..	44·1	53·0	28·0	6·70	48·3

TABLE A

CLIMATOLOGICAL OBSERVATIONS FOR THE YEAR 1908

Month	Temperature in Degrees			Total Precipitation in in.
	Mean	Max.	Min.	
January	38.4	52.4	24.4	67.12
February	38.4	52.0	24.2	74.17
March	41.0	54.0	28.4	116.30
April	49.3	60.8	37.8	149.2
May	58.2	70.8	45.4	203.09
June	57.6	70.4	44.6	237.40
July	58.4	70.4	46.4	138.44
August	58.8	70.4	46.4	228.25
September	58.8	70.4	46.4	169.08
October	48.8	60.8	36.8	124.08
November	38.8	50.8	26.8	71.4
December	44.1	58.0	30.0	65.0

TABLE B.

CERTAIN ROADS UNSEWERED IN THE BOROUGH.

Name of Road.	No. of Houses Unsewered.	Remarks.
Alcester Road	5	—
Alder Road	7	—
Bridgewater Road ..	7	—
Brook Road	12	Sewers badly needed
Cecil Road	7	„ „
Hilda Road (part) ..	7	—
Jubilee Road	30	„ „
New Road	21	—
Queen's Road	12	„ „
Victoria Crescent.. ..	28	„ „
York Road	13	„ „
Other Roads	37	—
The Sandbanks District	—	Under consideration.
The Parish of Hamworthy	—	Work to begin soon.
Various Small Holdings	—	—
The District of Newtown	—	Sewers badly needed

TABLE C.

CESSPOOLS EMPTIED DURING 1919.

Place.	No. of Cesspools.	No. of times emptied.
Alder Road	6	10
Bridgewater Road	3	32
Brooke Road	2	17
Beaconsfield Road	3	13
Curtis Road	6	15
Cecil Road	3	29
Cornelia Crescent	6	18
Canford Cliffs	3	20
Fernside Road	6	36
Fancy Road	4	27
Hamworthy	20	248
Kinson Crescent	7	30
Lilliput	3	30
New Road	7	46
Old Wareham Road	11	54
Pottery Road	2	30
Ringwood Road	20	139
Sandbanks	58	208
Seldown	8	336
Victoria Crescent	7	41
Wallis Down	11	17
Winston Avenue	12	22
Various	22	89
	230	1,507

NOTE.—In addition to the above, there are 182 pail-closets in the Borough, and their contents were emptied on 8,239 occasions.

TABLE D.

WORK DONE BY HEALTH DEPARTMENT DURING 1919.

Nature of Work.	Mr. Ramsden.	Mr. Wheeler.	Total.
Total Number of Visits to Premises ..	3412	3188	6600
Number of Houses visited <i>re</i> Infective Disease	75	68	143
Number of Visits to such Houses	110	149	259
Number of Houses disinfected after Notifiable Diseases	75	72	147
Number of Houses disinfected after Other Diseases	26	39	65
House Drains Smoke Tested	157	79	236
„ „ Water „	63	21	84
Inspection of Factories and Workshops ..	—	29	29
„ Greengrocers' Shops ..	70	21	91
„ Fishmongers' „	205	72	277
„ Ice Cream Stores	2	2	4
„ Schools	15	9	24
„ Butchers' Shops	835	354	1189
„ Bakehouses	9	28	37
„ Yards and Stables	3	17	20
„ Common Lodging Houses ..	2	61	63
„ Urinals	—	45	45
„ Fish Market	—	10	10
„ Dairies and Milk Shops ..	50	33	83
„ Cow Sheds	12	21	33
„ Slaughter Houses	88	257	345
Inspections of Work in progress	77	132	209

TABLE I

WORK DONE BY HEALTH DEPARTMENT DURING 1918

DATE	AMOUNT PAID	NUMBER OF CASES	NAME OF CASE
1918	100	17	Department of Health
1917	100	18	Department of Health
1916	100	19	Department of Health
1915	100	20	Department of Health
1914	100	21	Department of Health
1913	100	22	Department of Health
1912	100	23	Department of Health
1911	100	24	Department of Health
1910	100	25	Department of Health
1909	100	26	Department of Health
1908	100	27	Department of Health
1907	100	28	Department of Health
1906	100	29	Department of Health
1905	100	30	Department of Health
1904	100	31	Department of Health
1903	100	32	Department of Health
1902	100	33	Department of Health
1901	100	34	Department of Health
1900	100	35	Department of Health
1899	100	36	Department of Health
1898	100	37	Department of Health
1897	100	38	Department of Health
1896	100	39	Department of Health
1895	100	40	Department of Health
1894	100	41	Department of Health
1893	100	42	Department of Health
1892	100	43	Department of Health
1891	100	44	Department of Health
1890	100	45	Department of Health
1889	100	46	Department of Health
1888	100	47	Department of Health
1887	100	48	Department of Health
1886	100	49	Department of Health
1885	100	50	Department of Health
1884	100	51	Department of Health
1883	100	52	Department of Health
1882	100	53	Department of Health
1881	100	54	Department of Health
1880	100	55	Department of Health
1879	100	56	Department of Health
1878	100	57	Department of Health
1877	100	58	Department of Health
1876	100	59	Department of Health
1875	100	60	Department of Health
1874	100	61	Department of Health
1873	100	62	Department of Health
1872	100	63	Department of Health
1871	100	64	Department of Health
1870	100	65	Department of Health
1869	100	66	Department of Health
1868	100	67	Department of Health
1867	100	68	Department of Health
1866	100	69	Department of Health
1865	100	70	Department of Health
1864	100	71	Department of Health
1863	100	72	Department of Health
1862	100	73	Department of Health
1861	100	74	Department of Health
1860	100	75	Department of Health
1859	100	76	Department of Health
1858	100	77	Department of Health
1857	100	78	Department of Health
1856	100	79	Department of Health
1855	100	80	Department of Health
1854	100	81	Department of Health
1853	100	82	Department of Health
1852	100	83	Department of Health
1851	100	84	Department of Health
1850	100	85	Department of Health
1849	100	86	Department of Health
1848	100	87	Department of Health
1847	100	88	Department of Health
1846	100	89	Department of Health
1845	100	90	Department of Health
1844	100	91	Department of Health
1843	100	92	Department of Health
1842	100	93	Department of Health
1841	100	94	Department of Health
1840	100	95	Department of Health
1839	100	96	Department of Health
1838	100	97	Department of Health
1837	100	98	Department of Health
1836	100	99	Department of Health
1835	100	100	Department of Health

TABLE E.

AMOUNT OF UNSOUND FOOD DESTROYED.

	1916.	1917.	1918.	1919.
	lbs.	lbs.	lbs.	lbs.
Beef	3,264	1,335	6,609	21,489 $\frac{3}{4}$
Pork	6,353	2,319	1,485	748
Mutton	125	17	40	3,544
Fish	106	5,896	1,079	15,150
Fruit	135	283	224	3,549
Poultry	—	—	—	66 $\frac{1}{2}$
Cheese	—	—	194	22 $\frac{1}{2}$
Potatoes	—	—	3,920	29,568
Flour	—	—	1,040	1,120
Rabbits	—	—	64	98
Eggs	—	—	150	—
Tomatoes	—	—	—	349
Shrimps	—	—	—	42
Artichokes	—	—	—	40
Sugar	—	—	—	1,792 $\frac{1}{2}$
Condensed Milk	—	—	—	72
Butter	—	—	—	12
Various	—	—	—	84 $\frac{1}{2}$

TABLE I

AMOUNT OF UNBOUND WOOD DESTROYED

1914	1915	1916	1917	
100	100	100	100	Various
2,400	4,000	1,000	2,000	Butter
200	1,100	2,000	1,000	Condensed Milk
100	100	100	100	Sugar
100	100	100	100	Apples
100	100	100	100	Stamps
100	100	100	100	Tomatoes
100	100	100	100	Eggs
100	100	100	100	Rabbits
100	100	100	100	Flour
100	100	100	100	Potatoes
100	100	100	100	Various
100	100	100	100	Butter
100	100	100	100	Condensed Milk
100	100	100	100	Sugar
100	100	100	100	Apples
100	100	100	100	Stamps
100	100	100	100	Tomatoes
100	100	100	100	Eggs
100	100	100	100	Rabbits
100	100	100	100	Flour
100	100	100	100	Potatoes
100	100	100	100	Various

TABLE F.

WORK DONE UNDER THE FOOD AND DRUGS ACTS.

	Formal.	Informal.	Total.	Genuine.	Adulteration,	Vendor Cautioned.	Vendor Prosecuted.
Milk	54	—	54	51	3	2	1
Milk	—	128	128	120	8	8	—
Margarine	4	—	4	4	—	—	—
Butter	8	—	8	8	—	—	—
Lard	2	—	2	2	—	—	—
Coffee	1	—	1	1	—	—	—
Coffee and Chicory ..	—	1	1	1	—	—	—
Nutter	1	—	1	1	—	—	—
Sausages	1	—	1	1	—	—	—
Sugar	—	1	1	1	—	—	—
Cream of Tartar (sub.)	—	4	4	2	2	2	—
Acid Phosphate ..	—	1	1	1	—	—	—
Bi-carb. Soda ..	—	1	1	1	—	—	—
Custard Powder ..	—	3	3	3	—	—	—
Blanc Mange Powder	—	1	1	1	—	—	—
Baking Powder ..	—	1	1	1	—	—	—
Bun and Cake Powder	—	1	1	1	—	—	—
Self-raising Flour ..	1	—	1	1	—	—	—
Beer	15	—	15	13	2	—	2
Total	87	142	229	214	15	12	3

49. Female 11.8.11

WORK DONE UNDER THIS CONTRACT

TABLE G.

**AVERAGE COMPOSITION OF MILK SAMPLES,
1914-1919.**

	1914.	1915.	1916.	1917.	1918.	1919.
Fat	3.47	3.46	3.65	3.35	3.30	3.48
Solids not Fat	8.80	8.73	8.76	8.72	8.76	8.65

TABLE C
 AVERAGE COMPOSITION OF WINE SAMPLES
 1911-1919

Solids not fat	1913	1915	1917	1919	1921	1923
	74.8	74.6	74.5	74.5	74.5	74.6
Solids not fat	8.80	8.78	8.78	8.78	8.78	8.78
	0.80	0.80	0.80	0.80	0.80	0.80

TABLE H.

WORK OF INSPECTORS REGARDING NUISANCES.

Nature of Nuisance.	Mr. Ramsden.	Mr. Wheeler.	Total,
Premises requiring repair	86	19	105
" " cleansing and lime-			
washing	22	23	45
" overcrowded	3	2	5
Drains choked	76	38	114
" otherwise defective	117	46	163
Defective w.c. fittings	56	33	89
" Yard surfaces	1	17	18
" Eaves and downspouts	8	28	36
" Manure receptacles	Nil.	Nil.	Nil.
" Sinks	1	9	10
" Urinals	Nil.	Nil.	Nil.
" Ashbins	Nil.	Nil.	Nil.
Animals improperly kept	7	1	8
Offensive accumulations	18	3	21
Other Nuisances	31	17	48
Total Nuisances discovered	426	236	662

TABLE J.

ACTION TAKEN REGARDING NUISANCES AND DEFECTS.

Total Number of Nuisances discovered	..	..	661
Nuisances abated after verbal warning	..	..	483
Preliminary Notices served	..	..	144
Preliminary Notices obeyed	..	..	126
Outstanding at end of 1919	..	..	17
Not obeyed	..	..	6
Statutory Notices served for all purposes	..	..	33
Statutory Notices obeyed	..	..	25
Outstanding at end of 1914	..	..	8
Legal proceedings under S. 91 of P.H.A., 1875	..		<i>Nil.</i>

TABLE K.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1919. (Table No. II.).

Notifiable Diseases.	Number of Cases Notified.									Total Cases Notified in each Locality.					Total Cases Removed to Hospital.
	At all Ages.	AT AGES—YEARS.								St. James.	Long-fleet.	Ham-worthy.	Brank-some.	Park-stone.	
		Under 1 yr.	1 and under 5 yrs.	5 and under 15 yrs.	15 and under 25 yrs.	25 and under 45 yrs.	45 and under 65 yrs.	65 and up-wards.	Ages not known.						
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera, Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Mem-braneous Croup)	76	—	6	46	7	4	1	—	12	26	4	8	25	13	68
Erysipelas	11	—	—	1	1	—	4	4	1	2	4	1	1	3	—
Scarlet Fever	92	—	4	60	14	8	—	—	6	25	13	8	15	31	90
Typhus Fever, “Trench” Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever.. .. .	7	—	—	—	2	2	2	—	1	—	—	—	5	2	7
Relapsing Fever, Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—
Cerebro-spinal Meningitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ..	16	16	—	—	—	—	—	—	—	5	—	—	8	3	1
Pulmonary Tuberculosis ..	143	—	—	16	33	76	10	2	6	38	23	7	42	33	1
Other forms of Tuberculosis	11	1	2	4	1	2	—	—	1	1	1	—	7	2	—
Malaria	36	—	—	1	13	17	2	—	3	6	3	2	12	13	—
Measles and German Measles	203	3	68	102	15	4	—	—	11	129	30	7	13	24	2
Chicken Pox	162	4	41	97	2	2	—	—	16	41	17	11	58	35	—
Encephalitis Lethargica ..	3	—	—	2	—	1	—	—	—	—	—	—	2	1	1
Influenzal Pneumonia ..	39	1	4	5	6	10	10	2	1	9	6	4	11	9	1
Dysentery — Amoebic and Cacillary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21
Total.	800	25	125	334	94	127	29	8	58	283	101	48	199	169	192

WILLIAMS' DICTIONARY		WILLIAMS' DICTIONARY	
Page	Page	Page	Page
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
22	22	22	22
23	23	23	23
24	24	24	24
25	25	25	25
26	26	26	26
27	27	27	27
28	28	28	28
29	29	29	29
30	30	30	30
31	31	31	31
32	32	32	32
33	33	33	33
34	34	34	34
35	35	35	35
36	36	36	36
37	37	37	37
38	38	38	38
39	39	39	39
40	40	40	40
41	41	41	41
42	42	42	42
43	43	43	43
44	44	44	44
45	45	45	45
46	46	46	46
47	47	47	47
48	48	48	48
49	49	49	49
50	50	50	50
51	51	51	51
52	52	52	52
53	53	53	53
54	54	54	54
55	55	55	55
56	56	56	56
57	57	57	57
58	58	58	58
59	59	59	59
60	60	60	60
61	61	61	61
62	62	62	62
63	63	63	63
64	64	64	64
65	65	65	65
66	66	66	66
67	67	67	67
68	68	68	68
69	69	69	69
70	70	70	70
71	71	71	71
72	72	72	72
73	73	73	73
74	74	74	74
75	75	75	75
76	76	76	76
77	77	77	77
78	78	78	78
79	79	79	79
80	80	80	80
81	81	81	81
82	82	82	82
83	83	83	83
84	84	84	84
85	85	85	85
86	86	86	86
87	87	87	87
88	88	88	88
89	89	89	89
90	90	90	90
91	91	91	91
92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

TABLE L.

**CASES ADMITTED TO ALDERNEY ISOLATION HOSPITAL
DURING THE YEAR.**

Disease.	Admitted from Borough.	Admitted from Poole Rural District.	Military Patients	Total.
Scarlet Fever ..	90	22	6	118
Diphtheria, (in- clud'g' Carriers')	68	3	8	79
Enteric Fever ..	7	1	1	9
Measles	2	—	30	32
Scabies ..	7	—	4	11
Other diseases ..	11	1	5	17
No illness ..	7	—	—	7
Total ..	192	27	54	273

TABLE I.

CASES ADMITTED TO ALDENHAY HOSPITAL DURING THE YEAR.

Admitted from Hospital	Admitted from Outside	Total
20	42	118
65	8	73
7	1	8
2	20	22
7	4	11
11	2	13
7	—	7
106	69	275

TABLE M.

COST OF PATIENTS IN ALDERNEY HEATH HOSPITAL, 1919.

					£	s.	d.
Salaries	..	..	..	..	1029	3	4
Maintenance	..	..	..		974	3	2
Fuel and Light	..	..	..		289	14	8
Sundries and Drugs	..	..			240	6	7
Water	..	..	..	..	19	2	9
Total					£2552	10	6

NOTE.—The patients spent altogether 1,321 weeks in the Hospital.

Average cost of each patient per week - - - - £1 18s. 7d.

TABLE M

COST OF PATIENTS IN ALDERMAN STREET HOSPITAL, 1913

Average cost of each patient per week		Total	
Relative	0.025	1	0.025
Maintenance	0.074	2	0.148
Fuel and Light	0.086	2	0.172
Sundries and Drugs	0.046	1	0.046
Water	0.018	0	0.000
Total		6	0.391

Note.—The patients spent altogether 1,901 weeks in the Hospital.

Average cost of each patient per week = £1 18s. 1d.

TABLE N.

ARTICLES DISINFECTED BY STEAM DURING THE YEAR.

Beds, Feather or Flock	..	52
Blankets	.. ..	267
Bolsters	.. ..	67
Carpets	.. ..	7
Coats	.. ..	9
Curtains	.. ..	8
Cushions	.. ..	33
Counterpanes	.. ..	71
Mattresses	.. ..	64
Palliasses	.. ..	1
Pillows	.. ..	186
Jackets	.. ..	3
Rugs	.. ..	15
Sheets	.. ..	8
Shawls	.. ..	17
Various	.. ..	51
		<hr/> 859

The above table does not include the disinfection of Mattresses, Blankets, etc., performed for the Borough Hospitals.

TABLE O.

VITAL STATISTICS OF THE BOROUGH DURING 1919 AND PREVIOUS YEARS.

Year.	Population Estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un- corrected Number.	Nett.		Number.	Rate.	of Non- Residents Registered in the District.	of Resi- dents not Registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1913	41,066	911	910	22·1	443	11·0	18	27	75	82	452	11·0
1914	41,880	883	883	21·0	474	11·3	16	23	68	77	481	11·5
1915	42,800	813	812	18·7	517	13·1	29	32	76	93	524	13·2
1916	42,331	840	840	19·8	535	13·7	—	—	64	76	535	13·7
1917	42,335	690	690	16·2	530	13·0	—	—	58	84	530	13·0
1918	43,829	680	680	15·5	582	14·8	—	—	55	80	582	14·8
1919	41,100	769	769	18·7	515	12·5	22	34	48	62	527	12·8
England and Wales 1919		—	—	18·5	—	—	—	—	—	89	—	13·8

TABLE P.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1919.

Causes of Death.	All Ages.	Under 1 yr.	1 and under 2 yrs.	2 and under 5 yrs.	5 and under 15 yrs.	15 and under 25 yrs.	25 and under 45 yrs.	45 and under 65 yrs.	65 and over.	Total deaths in Insti- tution.
All Causes—Certified ..	526	48	8	13	21	29	64	117	226	93
Uncertified ..	1	0	0	0	0	0	0	1	0	—
1 Enteric Fever	0	—	—	—	—	—	—	—	—	—
2 Small-pox	0	—	—	—	—	—	—	—	—	—
3 Measles	0	—	—	—	—	—	—	—	—	—
4 Scarlet Fever	0	—	—	—	—	—	—	—	—	—
5 Whooping Cough	4	1	1	2	—	—	—	—	—	—
6 Diphtheria and Croup ..	4	—	—	2	2	—	—	—	—	3
7 Influenza	25	1	—	1	3	2	4	7	7	2
8 Erysipelas	0	—	—	—	—	—	—	—	—	—
9 Pulmonary Tuberculosis	38	—	—	—	—	12	15	10	1	4
10 Tubercular Meningitis ..	1	—	1	—	—	—	—	—	—	—
11 Other Tubercular Diseases ..	7	1	2	1	—	2	—	1	—	2
12 Cancer	69	—	—	—	—	2	4	21	42	13
13 Rheumatic Fever ..	1	—	—	—	—	1	—	—	—	—
14 Meningitis	5	1	—	—	2	—	2	—	—	2
15 Organic Heart Disease	47	—	—	—	1	3	8	16	19	6
16 Bronchitis	40	3	2	2	—	—	3	8	22	3
17 Pneumonia	26	2	2	3	3	1	1	5	9	8
18 Other respiratory Diseases ..	3	—	—	—	1	—	—	—	2	1
19 Diarrhoea and Enteritis	4	2	—	1	1	—	—	—	—	—
20 Appendicitis	4	—	—	—	2	—	—	2	—	2
21 Cirrhosis of Liver ..	1	—	—	—	—	—	1	—	—	—
21a Alcoholism	0	—	—	—	—	—	—	—	—	—
22 Nephritis	10	—	—	—	—	—	2	4	4	3
23 Puerperal Fever ..	2	—	—	—	—	—	2	—	—	—
24 Other accidents of Preg- nancy and Parturition ..	2	—	—	—	—	—	2	—	—	1
25 Congenital Debility, etc.	32	32	—	—	—	—	—	—	—	—
26 Violent Deaths	21	2	—	—	2	2	5	5	5	9
27 Suicide	2	—	—	—	—	—	1	1	—	1
28 Other Defined Diseases	173	2	—	1	1	4	14	38	113	33
29 Ill-defined Diseases ..	6	1	—	—	3	—	—	—	2	—
Total	527	48	8	13	21	29	64	118	226	93
Sub entry included in above figures :										
Syphilis	19	4	—	1	—	3	5	6	—	1

TABLE 1
STATES OF NEW CAUSE

Causes of Death	Age Group	Sex	Total
All Causes - Certified	1947	1947	1947
1. Infantile	1	1	1
2. Small-pox	1	1	1
3. Typhoid	1	1	1
4. Scarlet fever	1	1	1
5. Whooping cough	1	1	1
6. Diphtheria and Group	1	1	1
7. Influenza	1	1	1
8. Typhus	1	1	1
9. Pulmonary tuberculosis	1	1	1
10. Tubercular meningitis	1	1	1
11. Other tubercular	1	1	1
12. Diseases	1	1	1
13. Cancer	1	1	1
14. Rheumatic fever	1	1	1
15. Meningitis	1	1	1
16. Organic Heart Disease	1	1	1
17. Bronchitis	1	1	1
18. Pneumonia	1	1	1
19. Other respiratory	1	1	1
20. Liver	1	1	1
21. Kidney and Urinary	1	1	1
22. Appendicitis	1	1	1
23. Cancer of Liver	1	1	1
24. Alcoholism	1	1	1
25. Nephritis	1	1	1
26. Pericardial fever	1	1	1
27. Other accidents of the	1	1	1
28. Injury and Poisoning	1	1	1
29. Congenital Deformities	1	1	1
30. Violent Death	1	1	1
31. Suicide	1	1	1
32. Other Defined Causes	1	1	1
33. Ill-defined Causes	1	1	1
Total	1947	1947	1947
Sub entry included in above figures	1	1	1
Syllable	1	1	1

TABLE Q.

INFANT MORTALITY DURING 1919.

Causes of Death.	Deaths from stated causes at various Ages under One Year of Age.									Total Deaths under one year
	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	
Whooping Cough . . .	—	—	—	—	0	—	—	—	1	1
Tuberculous Meningitis . .	—	—	—	—	0	—	—	—	—	0
Other Tuberculous Diseases	—	—	—	—	0	1	—	—	—	1
Meningitis (not Tuberculous)	—	—	—	—	0	—	1	—	—	1
Convulsions . . .	—	—	—	—	0	1	2	—	—	3
Bronchitis . . .	—	—	2	—	2	—	1	—	—	3
Pneumonia (all forms)	—	—	—	—	0	—	—	1	1	2
Diarrhoea . . .	—	—	—	—	0	—	1	—	—	2
Rickets . . .	—	—	—	—	0	—	—	—	—	0
Suffocation (overlying)	—	—	—	—	0	1	—	—	—	1
Injury at Birth . . .	—	—	—	—	0	—	—	—	—	0
Premature Birth	16	3	2	2	23	1	—	—	—	24
Atrophy, Debility and Marasmus . . .	1	—	—	—	1	3	—	—	—	4
Other causes . . .	1	1	—	—	2	2	—	2	0	6
Total . . .	18	4	4	2	28	10	5	3	2	48

TABLE R.

**ATTACK RATES PER 10,000 POPULATION FROM SCARLET
FEVER, DIPHTHERIA AND ENTERIC FEVER.**

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.
1894	19·9	23·9	6·8
1895	14·6	10·5	2·9
1896	12·5	5·7	3·4
1897	24·1	16·7	3·3
1898	4·9	15·9	1·1
1899	38·7	12·3	8·9
1900	19·0	5·8	10·0
1901	139·8	7·1	19·6
1902	24·5	8·4	5·6
1903	7·8	11·7	6·8
1904	106·2	16·2	10·1
1905	13·7	9·1	17·9
1906	12·4	10·2	8·4
1907	7·1	15·0	4·0
1908	12·6	13·8	1·8
1909	42·0	8·9	3·9
1910	29·5	20·7	1·4
1911	96·6	12·5	1·4
1912	47·3	17·0	3·4
1913	18·2	12·1	3·1
1914	12·1	15·7	1·1
1915	17·9	7·7	1·4
1916	11·8	10·6	1·8
1917	9·9	10·6	1·8
1918	11·6	11·1	2·5
1919	20·9	18·5	1·7

TABLE II

ATTACK RATES PER 1000 POPULATION FROM SCARLET
FEVER, DYPHTHERIA AND ENTERIC FEVER

Year	Scarlet fever	Diphtheria	Enteric fever
1904	10.5	22.8	6.8
1905	14.0	10.5	2.9
1906	12.0	7.7	3.1
1907	24.2	10.7	2.2
1908	1.9	12.8	1.7
1909	25.2	12.9	2.2
1910	10.1	8.8	10.1
1911	128.8	7.1	10.0
1912	54.5	7.1	5.6
1913	7.8	11.7	5.8
1914	106.2	13.2	10.7
1915	13.4	9.1	12.9
1916	12.4	10.7	8.1
1917	7.1	12.0	4.2
1918	12.2	12.4	1.7
1919	12.0	9.9	2.0
1920	29.0	20.7	1.4
1921	29.0	10.2	1.4
1922	6.7	13.0	1.4
1923	20.2	12.1	5.7
1924	13.7	12.1	1.7
1925	17.9	7.7	3.4
1926	8.7	10.8	1.2
1927	2.2	10.6	3.8
1928	12.0	11.1	2.2
1929	20.2	18.5	7.1

TABLE S.

**DEATH RATE PER 10,000 POPULATION FROM CANCER
AND TUBERCULOSIS.**

Year.	Cancer.	Pulmonary Tuberculosis.
1900	13·1	8·9
1901	10·7	11·5
1902	8·5	11·0
1903	6·8	11·2
1904	13·3	13·8
1905	8·2	13·5
1906	11·3	12·7
1907	7·7	10·1
1908	8·2	12·3
1909	9·5	10·8
1910	10·8	11·1
1911	11·0	10·0
1912	9·7	7·2
1913	11·2	7·3
1914	10·3	9·0
1915	8·8	8·4
1916	12·5	10·7
1917	12·3	13·1
1918	12·2	11·7
1919	17·0	11·2

DEATH RATE PER 1,000 POPULATION FROM CANCER
AND TUBERCULOSIS

Year	Deaths	Population
1900	13.1	89
1901	10.7	11.2
1902	9.9	11.6
1903	8.4	11.8
1904	12.2	12.8
1905	8.2	12.0
1906	11.1	12.1
1907	7.7	10.1
1908	8.9	12.2
1909	9.0	10.8
1910	10.0	11.1
1911	11.0	10.6
1912	7.1	1.2
1913	11.2	1.2
1914	10.2	1.0
1915	8.5	1.0
1916	12.7	1.0
1917	10.8	12.1
1918	12.2	11.7
1919	17.0	11.2

TABLE T.

VITAL STATISTICS, 1884-1919.

Year.	Mid-year population.	Birth-rate per 1000 population.	Marriage-rate per 1000 population.	Death-rate per 1000 population.	Infant Mortality per 1000 births.	Zymotic Disease Death-rate per 1000 population.
1884	12,796	32.7	..	19.4	130	1.9
1885	12,957	39.5	..	18.7	86	0.8
1886	13,237	30.9	..	18.1	112	1.6
1887	13,529	32.6	..	15.8	112	1.6
1888	13,680	28.0	..	17.5	86	1.4
1889	13,853	27.5	..	10.1	94	2.0
1890	14,027	26.9	..	14.6	82	0.9
1891	15,500	27.8	..	14.1	78	0.6
1892	15,887	29.3	..	20.7	171	.52
1893	16,275	28.2	..	17.8	165	2.1
1894	16,662	32.2	..	13.7	91	1.0
1895	17,050	29.5	..	15.1	126	0.4
1896	17,438	31.5	..	14.9	116	0.9
1897	17,826	28.6	..	15.5	123	1.6
1898	18,214	28.5	..	15.3	145	0.4
1899	18,602	27.3	..	17.4	123	0.2
1900	18,991	27.7	..	15.3	131	0.6
1901	19,538	27.4	..	13.9	93	1.1
1902	20,095	26.7	..	16.4	110	1.1
1903	20,500	27.0	..	16.1	135	0.8
1904	21,142	27.1	..	17.0	109	1.4
1905	21,804	26.7	..	15.7	113	0.9
*1906	32,086	30.0	15.9	15.1	118	1.5
1907	32,518	27.5	16.8	13.1	76	0.8
1908	33,217	26.6	16.8	13.8	87	1.2
1909	33,524	27.8	15.0	13.9	89	0.8
1910	34,168	26.0	15.4	12.7	82	0.9
1911	39,102	24.0	14.1	14.0	126	2.4
1912	40,386	22.7	14.6	10.9	88	1.0
1913	41,066	22.1	14.2	11.0	82	0.9
1914	41,880	21.0	13.6	11.3	77	1.2
1915	42,800	18.7	18.6	13.2	93	0.6
§1916	42,331	19.8	15.6	13.7	76	0.7
§1917	42,335	16.2	14.5	13.0	91	0.7
§1918.	43,829	15.5	16.3	14.8	84	0.6
<i>a</i>1919	41,100	18.7	21.0	12.8	62	0.3

* Borough enlarged.

§ This is the Registrar-General's estimate for Birth-rate, based on the ratio between total and civilian population of England and Wales.

a Estimated from statistics obtained from Borough Food Control Office.

PART II.

THE SCHOOL MEDICAL
SERVICE.

PREFACE.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to present to you my Second Annual Report on the Work of the School Medical Service. My first Report to you concerned the year 1914, and during the intervening years you have received Reports from Dr. William Gosse.

Reports are very often dull things ; but I hope you will find this one not altogether uninteresting. You are responsible for the Education and for the Health and Well-being of about one-sixth of the people in the District. You have provided for this large number of children a Medical Service, and you will be able to judge from this Report what work has been done during the year, and to see how far your School Medical Service has been successful in its varied undertakings.

The importance and magnitude of your work of saving the health of the children is not always appreciated ; but you would be encouraged, as I have often been, if you knew how the children and their parents regarded the School Medical Service. In the present year, as soon as the new School Clinic is built, when you have provided operative treatment for Tonsils and Adenoids, and x-Ray Treatment for Ringworm, when the Clerical Staff has been increased, and as soon as the Dental work is more satisfactory, you will have a Medical Service even more valuable than it is to-day.

In order to prevent disease and the lifelong crippling that ill-health brings to a child we need very certainly to use all our efforts now. There is no plenty in delay, and time wasted and lost, in disregarding disease and in not treating it, is time that can never be regained.

I am,

Your obedient Servant,

A. T. NANKIVELL.

School Medical Officer.

January 14th, 1920.

SANITARY CONDITION OF THE SCHOOLS.

At the end of the year 1919, there were in the Borough fourteen Schools with twenty-eight departments. In these Schools there was accommodation for 6,200 children. There were 6,345 names on the registers. (See Table 16). Some of the Schools and many of the departments are overcrowded. This is bad not only for the health of the children, but also for their progress in learning.

The sanitary circumstances of the various Schools differ considerably. It may be said that the newer the School, the better is it built and the more satisfactory is its sanitation, and the easier it is to keep it clean. Some of the Schools are kept in a surprisingly dirty condition; but others, and I am glad to say the majority, are reasonably clean. A report on the cleanliness of the Schools was made to the Education Committee during the year under review.

It should be appreciated that hygienic conditions influence very greatly the life and health of the growing child. A dirty and overcrowded home or a crowded and unclean School are of direct harm to the child's health and morals. To be clean is the first lesson a child should learn at School, and if it leaves School without having learned this, then the labour of the Teacher will have been but in vain.

Some of the Schools still have the old trough closets. In others these have been replaced by more modern pedestal closets with flushing tanks. The closet accommodation at some of the Schools is not kept reasonably clean.

Generally, the cloak room accommodation is insufficient. This is due in part to the fact that the Schools are overcrowded.

Other details regarding the insanitary condition in the Schools are given in the Appendix to this Report.

In most of the Schools the lighting and heating is adequate and the ventilation sufficient.

All the Schools receive water from the Council's main; but improvement is generally required in the direction of supplying more clean towels and soap in the various departments.

None of the Schools are provided with Baths.

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

The School Medical Officer is also the Medical Officer of Health, the Medical Superintendent of the Isolation Hospitals, and has also the control of the Maternity and Child Welfare Work in the Borough. This ensures complete co-ordination between the various branches of work in his Department. The present School Medical Officer returned from military service to his work in the Borough in March, and has since conducted the School Medical Service on the same lines as those which he developed in 1914.

He is assisted in his work by four Health Visitors, who give part of their time also to Maternity and Child Welfare Work. The Borough is divided into four areas, and each Nurse is responsible to the School Medical Officer for the School work in her area. This arrangement works well, and prevents overlapping and waste of time in travelling ; and each Nurse becomes thoroughly acquainted with the conditions that prevail in her District. But four Health Visitors, each giving about half of her time to the work, are not sufficient to do the School work in the Borough. The " following-up " of children found defective, especially of those who need dental treatment, is not practicable with only four Nurses. The Tables at the end of this Report give some idea, although it is only an imperfect one, of the very valuable work which the Nurses accomplished in the year under review. In the School, at the Clinics and at the Home, the Nurses come very closely to know the children and the conditions under which they live, and they are ever ready with their help and advice to prevent and alleviate disease and suffering. It is they who discover many cases of sickness among the children ; it is they who persuade parents to secure treatment for their children, either at the School Clinics or at the Hospitals, and most of the useful work, of which this Report is a record, is to their credit. The money spent on the salaries of Nurses and on Medical Treatment for School children is money very well spent indeed ; it is the best way of ensuring the good health of the next generation ; and good health carries with it the capacity for doing hard work and for living a profitable and happy life—it is the greatest blessing that a child can take from School.

The School Medical Officer would like to have enough nursing staff to make it possible for a Nurse to spend an hour at each School in the Borough every morning, and enough to follow up at their

homes all children who were away from School more than a day. This would certainly materially increase the School Attendances. Mothers too often keep their children away from School because of some trifling complaint; the knowledge that there would be a Nurse at the School each morning would prevent these absences—the mother, knowing the Nurse would be there, would send the child for treatment or advice. Again, with adequate nursing supervision it would not be necessary for the Medical Officer to exclude contacts of infectious disease; the contacts would go to School, and be seen each morning by the School Nurse. If they showed signs of developing infectious disease, they would be sent home and then to Hospital; and, since it is not very often that contacts develop the disease, these children would remain at school instead of spending a fortnight at home as they do at present.

The School Medical Officer has the services of one whole-time Clerk. Reference to Table 17 will show part of the work he has been called upon to do during the year. It is largely owing to his energy and ability that it has been possible to do the School work in an orderly and methodical manner. One Clerk will not be sufficient in the future, when additional duties will be demanded of the School Medical Service.

Organisation of Routine Inspection. At the beginning of the year a form is sent out to the Heads of the various School Departments, and on this the Teachers state the names, ages and addresses of children who have entered School since the last Medical Inspection of children aged 8-9 years, and of children aged 12-13 years. On the return of this form to the office, the names are compared with past records of inspection and a new card is made out for each child who has not been examined previously.

Before the day fixed for the School Medical Officer to inspect at a School, an invitation is sent to the parents of each child to attend at the examination of the child if they care to do so, and they are asked for details of the past history of the child regarding previous illnesses.

The inspection usually takes place in the School; but in the case of one or two Departments where the accommodation is insufficient it is held at one of the Treatment Centres.

The inspection is performed by the School Medical Officer ; one of the Nurses attends and assists in the undressing of the children. The Clerk attends to take notes at the dictation of the Medical Officer.

Each child is carefully examined. Its height and weight are ascertained. Observations are recorded of its cleanliness, the condition of its clothing and boots, and its state of nutrition. The heart and lungs are examined. The vision, hearing, condition of nose and throat, teeth, speech, and mental condition are examined. Notes are made of any abnormalities present. The examination which each child undergoes is very thorough. Full notes are kept of each child on a card, and these are later tabulated in a ledger for statistical purposes, and are here reproduced in Table 9.

If any defect is found, the parent, if present, is told of it ; and told also what to do to remedy the defect. If the parent is not present, as is frequently the case, a letter is sent the same evening, telling the parent what defect has been discovered at the inspection and how the defect may be remedied.

Defects are entered up on special "defect cards." These are given out to the Nurses, who later follow up the children to their homes and persuade the parents to obtain treatment for their ailing children. Of course this careful inspection, record keeping, correspondence and visiting entail a vast amount of work ; but the School Medical Officer is satisfied that it is labour very well spent.

Attendance of Parents. About 30 per cent. of parents avail themselves of the opportunity of being present when their children are inspected, and such parents, with very few exceptions, appear very keenly interested in the welfare of their children, and very willing to receive suggestions from the Medical Officer. The casual and uncaring parent does not take the trouble to attend the Medical Inspection.

Co-operation of School Teachers. The Teachers afford all the help in their power, and many are enthusiastic over the School Medical Work, especially when they see that the inspections lead eventually to Treatment. The Teachers know, too, how much sickness and disability from illness there is, and has been in the Schools, and they welcome every effort that will lessen this. The

School Medical Officer owes a debt of gratitude for the help given him in every way by the Teachers, especially for their readiness in supplying him with information whenever he has asked for it.

Co-operation of School Attendance Officers. The Attendance Officers refer many cases of sickness to the Medical Staff. Daily information is sent in writing by the School Medical Officer to the Attendance Officers of those children seen at the Clinics and of their disposal—whether they are excluded from School, and if so for what cause and for what period ; or whether they may return to School.

Bacteriological Laboratory. Considerable use has been made of the Council's Laboratory by the School Medical Service during the year. The Nurses have taken 540 swabs from School children's throats and noses, and specimens of ringworm hairs and other morbid products have been examined in the Laboratory. The total number of examinations made in the Laboratory on behalf of the School Medical Service was 583 during the year.

EXTENT AND SCOPE OF WORK.

During the War, no routine inspection of entrants, intermediates or leavers was carried out in the Borough.

Selection of children to be inspected. The School Medical Officer on his return was faced with a large accumulation of non-examined children, and it was obvious that it would not be practicable to make up all the deficiencies in the examination caused by the War. An effort was made, however, to see as many entrants as possible—practically the entrants of the last two years were examined—and all the leavers, children aged 12 and over. A few children of the intermediate group were examined, as far as time allowed of it, and a number of “special children.” Altogether, 904 entrants were examined, 272 intermediates aged 8-9 years, and 524 aged 12-13 and over.

3,637 “special,” and ailing children were examined, mainly at the school clinics. Details of their inspection and of defects found are given in Tables 2 and 8.

Other Inspections. Besides these routine inspections the School Medical Officer and the School Nurses examined a large number of children in the Schools, in order to ascertain their cleanliness and the presence of minor ailments. Such “class-to-class” inspections, though rapid and superficial, are of the greatest value in detecting minor defects. Altogether 21,095 children were seen at these class-to-class inspections during the year, and 842 were found to be suffering from some defect that needed treatment. These children were referred to the School Clinics. In addition, 425 visits were made to the homes of children.

Agencies referring children to School Medical Officer. Children are sent for examination and treatment by the following :—

1. The School Medical Officer.
2. The Health Visitors.
3. The School Teachers.
4. The School Attendance Officers.

5. The Parents and Guardians of children.
6. The local Medical Practitioners.
7. The Clergy and Charitable Institutions.
8. The Society for the Prevention of Cruelty to children.
9. And children sometimes present themselves for examination, or for treatment entirely on their own responsibility.

Defects found on Inspection. Tables 2 gives the defects found among the School Children during the year.

Treatment of Defects. The object of Medical Inspection is not only to obtain a large mass of interesting figures, but also to see that the defects found are remedied. The scope of the School Medical Service in the Borough includes the treatment of many of the defects that are found. Detailed mention of this is made later, and particulars are given in Tables 4, 6, 7 and 8.

Secondary School and Examination Candidates. Up to the present no arrangements have been made for the inspection of examination candidates or of Scholars at the Secondary School. It would be a mistake to think that, because a child goes to a Secondary School, it is free from illness or defect. No doubt these children are as greatly in need of medical supervision as are their younger brothers and sisters in the elementary Schools.

GENERAL REVIEW OF FACTS DISCLOSED BY MEDICAL INSPECTION.

Malnutrition. Out of 1,700 children examined at the Routine Inspection, 35 were found to be badly nourished. Malnutrition was considered to be evident if the child was much below the average height and weight, and if it was pale and anaemic. Of course, a child who is under-nourished is more likely to become diseased than a healthy child—it is more likely to be attacked by infectious diseases, including tuberculosis, because it has not so much resistance as better-nourished children possess.

The chief causes of malnutrition are (1) lack of sufficient food ; (2) improper and indigestible food ; (3) unsuitable home conditions, lack of fresh air and sunlight, insanitary and overcrowded rooms, defective drainage and dirty surroundings ; (4) excessive employment out of School hours ; and (5) illness and disease. We should be chiefly concerned *to check the beginning of disease*, and I have made careful enquiry into many of the cases of ill-nourished children that have been brought to my notice during the year. I have not been able to satisfy myself that any of them are really underfed. Many, however, are fed on indigestible and unsuitable food—bad cooking seems to be very prevalent, and must have wrecked the health and happiness of many homes. Again, the unhygienic conditions, under which so many of the people live, sow the harvest of a crop of illness. If we want to breed prize animals we are careful that they get plenty of fresh air and sunlight, and that the hygiene of their dwellings is the best we can provide. And it is the same with the children ; if we want them to grow up healthy and strong they must be brought up in better houses than they are in at present.

Clothing and Footgear. Out of 1,700 children examined, 21 were found to have defective clothing and footgear. The condition of a few of the children was deplorable, and except for the Poor Law there seems no means of helping them. The Children's Aid Society, which once did such good work in the Borough, no longer exists. A few cases, as a last hope, were referred to the Poole Guild of Help.

Uncleanliness. It is a matter of regret to notice that out of 1,700 children examined at the routine inspection 201 were unclean.

Two children had lice in the hair, 64 had nits, and 135 were fleabitten. Apart from these, 337 other children were discovered who were unclean, giving a total of 538 during the year. With more School Nurses and more class-to-class inspections in the Schools, it will be possible in future to reduce these numbers of unclean children. I hope indeed to see the louse eradicated from the Schools. Further remarks will be made on this subject when the question of treatment is discussed.

Adenoids and Enlarged Tonsils. Out of 1,700 children examined at the routine inspection, 250 were found to be suffering either from Adenoids or from Enlarged Tonsils or from both of these conditions. Apart from these, 73 other children were discovered during the year who had enlarged tonsils and Adenoids—a total of 323. The presence of Adenoids, a growth at the back of the nose, causes a child to become deaf. It becomes stupid and backward, because it cannot hear well ; it breathes through its mouth, which does not improve its health or appearance, and it is seriously handicapped in later life when it has to compete with other and more intelligent children in the labour market. Enlarged Tonsils are one of the most serious conditions from which a child can suffer. A child with Enlarged Tonsils is subject to recurring sore throats, it is more likely to contract Diphtheria and Scarlet Fever than other children, and it is often ill. The microbe of Consumption enters frequently through the Tonsils, and when these are enlarged, the child runs a risk of tubercular glands in the neck and perhaps general tuberculosis.

Defective Hearing. Fifty-five deaf or partly deaf children were discovered during the year. Deafness is due in some cases to the presence of Adenoids, in others to Middle Ear Disease, as shown by perforations in the ear drum, and by ear discharge. Middle-ear disease is not an uncommon complication of Measles and of Scarlet Fever. Other cases of deafness were found to be due to wax in the ears. Congenital Syphilis is also a cause of deafness in young children, and is much more difficult to treat than the forementioned causes.

Defective Vision. Out of 1,700 children examined at the routine inspection, 234 were found to be suffering from defective vision. In addition, 128 other children were discovered who had defective vision, a total of 362 during the year. The eyesight was tested by Snellin's Test Types. Details of defects are found in Tables 2 and 9.

Other Eye Diseases. Out of 1,700 children examined at the routine inspection, 12 were found to be suffering from eye diseases, such as Blepharitis, Corneal Ulcer, Suppuration of Eyelids, and other diseases of the eye or lids. In addition, 115 other children were found during the year who had these conditions. This gives a total of 127 children.

Defective Teeth. Out of 1,700 children examined at the routine inspection, 728 were found to have good teeth, 739 children had less than four bad teeth, and 233 had more than four bad teeth—of these, sixteen of the older children had marked oral sepsis. The School Dental Surgeons, who have inspected all children in the School aged 6-12, have found that, out of 2,227 children examined by them, 787 have good teeth, and that the remainder need dental treatment. (See Table 7). Many of the children seen by the Medical Officer at the routine inspection had also been seen by the Dental Surgeons, so the figures overlap to some extent ; but it is evident that there is a very large amount of dental caries among the School children in whatever way the figures are interpreted. There is a proverb which says, “ We dig our graves with our teeth.” Certainly that may be taken to mean that most of us eat too much, but equally that decaying teeth are the cause of many of our illnesses. If a child kept perpetually a piece of stinking meat or fish in its mouth, it would probably be ill ; and, for the same reason, a child who has a mouthful of decayed and foetid teeth suffers from ill-health. It is always swallowing poison, day and night. The digestion is being ruined by this poison, and the child is beginning to suffer from chronic dyspepsia and anaemia. In addition it may have enlarged glands in the neck, and sometimes abscesses form either in the gums or in these glands. Bad teeth and ill-health go together throughout life ; but unfortunately, although no part of the hygiene of childhood is so important as the care of the teeth, none is so neglected.

The cause of such a vast amount of dental caries is primarily the ignorance of the parent. If a child is actually crying with bad toothache from the pain of an alveolar abscess the parent sees the desirability of extraction. But if the child is not in acute pain they see no reason for treatment—their own parental teeth have gone from bad to worse, and from that, sometimes, to dentures ; and they think it is only one of the ravages of time and a sign in their children that they are “ growing up.”

During the year at the routine inspections the School Medical Officer has preached hundreds of small sermons about teeth to mothers, who merely smile and do not believe a word that is said to them. They reply that the child is "scaling," which means losing, its first teeth ; or that the older child, who has the permanent teeth, feels no pain in the half-dozen or so which are markedly bad—so what is the use of getting them treatment ? And in reply to the offer of free dental treatment, it is common to hear the remark, " Oh, I could never persuade him (or her) to go to the Dentist," or, " The child has a horror of the Dentist, and I am sure I could never get it there,"—indeed in many cases the decision for or against treatment seems to rest with the child.

I shall have more to say on this important subject when I come to discuss the question of treatment in the next section of this Report.

Rheumatism and Heart Disease. Out of 1,700 children examined at the routine inspection, 29 were found to be suffering from heart disease, which is one of the common sequels of an attack of rheumatism or rheumatic fever. In addition, 2 other children came to the notice of the School Medical Service during the year on account of heart trouble. In most cases the child's heart had become compensated (or accustomed to the injury which it had suffered to the heart valves), and no treatment was necessary. It would, however, be unsafe to say that the child would never in the future feel the ill effects of the heart trouble. Reference to the Table showing the causes of death in the earlier part of this Report shows the number of persons who died in the year from the effects of heart disease ; and no doubt, in the majority of these cases, the heart was damaged during childhood. A child with a damaged heart would never be considered a first-class life by an insurance company. The number of entrants with heart-valve lesions was small ; the number of leavers with affected hearts was larger (Table 9) ; and so it is obvious that at some period during its School life the child suffered from the attack of sub-acute or acute rheumatism which disabled the heart. A certain number of children become infected with the microbe of rheumatic fever through enlarged tonsils, and it is to be hoped that, in years to come, when the operative treatment of enlarged tonsils is more early undertaken the number of children who become rheumatic and have heart disease will be diminished.

Bronchitis and Pretubercular Conditions of the Lungs. Out of 1,700 children inspected at the routine examination, 82 were suffering either from Bronchitis or from pretubercular conditions of the lungs. In addition to this 28 other children were discovered at other times with these conditions—a total of 110. The causes of chronic bronchitis in children are many, and certainly damp dwellings, insufficient clothing and malnutrition predispose to it. Not infrequently it happens that a chronic bronchitis becomes tubercular or leads to a condition known as bronchiectasis, where the lungs are greatly damaged. Chronic bronchitis in school children is of grave significance, and the method of treatment that is most satisfactory is the sending of the child to a convalescent home or school that is managed on open-air lines.

Tuberculosis. Out of 1,700 children inspected at the routine examination, 4 were found to be suffering from some form of Tuberculosis. Apart from these, 21 other children were discovered who were tubercular.

Tuberculosis or consumption is a slowly infectious disease, and a child who is exposed to the possibility of infection at home will be almost certain to contract an infection sooner or later. This is the reason that consumption is said to run in families; it is not inherited, but if a child lives at home in an atmosphere of infection, it is likely shortly to follow its afflicted father or mother to the grave. The disease “goes through a house,” in just the same manner as any other infectious disease, only more slowly.

Several conditions make a child more likely to develop consumption if it is brought into contact with a case; or if, in milk for example, it swallows some of the microbes that cause the disease. These predisposing factors may shortly be summarised as follows :—

1. Bad housing conditions, lack of fresh air and sunlight, and the presence of dirt and filth, by which the child's health is undermined,
2. Malnutrition.
3. Bad teeth and enlarged tonsils.
4. Other illnesses, such as Whooping Cough.

Congenital Syphilis. Out of 1,700 children inspected at the routine examination, 3 were found to be suffering from Congenital Syphilis. Apart from these, 7 other children were discovered who showed marks of this inherited disease. Syphilis causes deafness

and is a common cause of blindness and of defective vision. Children born with syphilis are born tired. They are very seldom of average height and weight, and they never fully recover from their terrible inheritance. If in later life they suffer from any skin trouble, it is always more hard to heal than in a healthy child ; and it may be said that they are never free throughout their lives from one or more of the complications and manifestations of Syphilis, which lead to premature decay and death.

Ringworm. Out of 1,700 children inspected at the routine examinations, 2 were found to be suffering from Ringworm of the skin, and 6 from Ringworm of the hair. Apart from these, 82 other children were discovered who had Ringworm of the skin, and 69 more who had Ringworm of the hair. This gives a total of 159 Ringworm cases in the year.

Ringworm is an infectious disease and is caused by a mould. It is spread either by direct personal contact, or more likely by the spores of this mould being carried about in the dust which settles down in a School classroom. In one classroom, out of 60 children no less than 10 were infected with Ringworm of the scalp ; in another case 8 children in a charitable Home became attacked out of a total of 26 inmates. The disease is insidious in its onset, and the child may be infectious for many weeks before the Ringworm area is large enough easily to be detected. Cases of Ringworm are isolated from school until bacteriological examination proves that they are free from the microbe that causes the disease.

Impetigo or Infectious Sores. This disease is one of the biggest problems that the School Medical Service has had to face during the year. Out of 1,700 children inspected at the routine examinations, 40 were found to be suffering from Impetigo. Apart from these, no less than 753 other cases were brought to the notice of the School Medical Officer during the year. This gives a total of 793 cases of this loathsome disease.

Clinically the disease has been seen in two forms, a superficial and a deep. In the superficial form the surface of the skin is destroyed and is found to be covered with thick yellow scabs or crusts, under which there is a collection of yellow matter or pus. In the deep form, the destruction is much more deep, and a little well, full of pus, appears in the skin, with a tightly fitting scab—not a crust—over it. The condition is almost one of multiple abscess

formation, except that obviously the infection has started in the superficial layers and worked deeper into the tissues. The School Medical Officer hopes to have time during 1920 to supervise some Research Work into the bacteriology of this disease, and possibly to attempt some treatment by Vaccine Therapy.

Impetigo caused absence from School during the year under review which corresponded approximately to a loss of Grant of £52 (see Table 15.)

This disease is certainly infectious from person to person. Possibly too the infection is conveyed in filth and dirt, and by dried and powdered scabs and discharges. Uncleanly children are much more likely to suffer from Impetigo than those who are kept clean and properly bathed.

Scabies or the Itch. Out of 1,700 children inspected at the routine examinations, 2 were found to be suffering from Scabies. Apart from these, 170 other children were discovered at other times during the year with this complaint. This gives a total of 172 cases. The disease is caused by a small parasite of the spider family, which burrows under the skin and lays eggs there. These eggs hatch out, and the young Acari of Scabies burrow in their turn. These burrows, and the excretions of the parasites among the nerve endings in the skin cause intense irritation ; the children scratch themselves and often add microbes from their finger nails to the already irritated skin.

During the year 1914 only six cases of Scabies were discovered. During 1919 there were 172 cases. The disease in my opinion has been introduced into the Borough by soldiers returning from the fields of war. I saw a great number of cases of Scabies while I was in France, and I have no doubt that our present outbreak originated in this way.

As the disease is very infectious, children suffering from it are excluded from School. In the absence of a proper bath in the house, the disease may take weeks or even months to cure. With adequate bathing facilities and proper care it may be cured in a few days ; but it is very likely that a cured child will be re-infected unless the house is disinfected and the child's clothing and bedding properly sterilised by steam or hot air.

Enlarged Lymphatic Glands. Out of 1,700 children examined, 106 were found to have enlargement of the lymphatic glands, chiefly in the neck. Lymphatic glands are one of the defences of the body against the attacks of microbes, and they become inflamed, enlarged and painful if the skin or tissues in their neighbourhood are the seat of inflammation. Decayed teeth, enlarged tonsils, boils, septic sores, Impetigo and infected Scabies can all cause enlargement of adjacent lymphatic glands, and unfortunately this condition has been very frequently found throughout the year in many more instances than are recorded. The figures given above, however, refer chiefly to glands in the neck which were enlarged as the result of dental decay or of inflamed tonsils. A certain number of these cases may also be due to an infection by the Tubercle Bacillus.

Mental Deficiency. During the year under review, 2 children were seen who were idiots or imbecile ; 25 who were feeble-minded, but were sufficiently intelligent to benefit by instruction in a special school, and 29 who were markedly dull and backward, and needed instruction in special classes. Details are given in Table 11.

Previous Illnesses. Out of the 1,700 children seen at the Routine Inspections, returns were received from the parents of 1,679, stating from what previous illnesses the child had suffered. It will be seen in referring to Table 14 that 169 children had never suffered from the common infectious diseases of childhood. Nearly 64 per cent of the Entrants and 90 per cent. of the Leavers had previously contracted Measles. Details of other diseases are given in this Table.

A REVIEW OF THE METHODS EMPLOYED FOR TREATMENT.

(See Tables 4, 6, 7, and 8).

Most of the defects discovered among the School children are amenable to medical treatment, and it has been the chief aim of the School Medical Service during the year to see that children who need this treatment receive it to heal their sicknesses. Much work has been done during the year, work which, if it had been performed by a Voluntary Institution or Society, would have been accorded the thanks and praise of the Public.

4,011 individual children were treated or advice was given during the past year at the School Clinics. These children received altogether 6,499 consultations.

The Poole Clinic or Treatment Centre, is situated in the Municipal Buildings, Poole. It is an entirely unsuitable place, and has more than once been criticised adversely by H.M. Inspectors from the Board of Education. A new building, sanctioned by the Board some months ago, has not yet been built; but when at length this is in being the conditions will be greatly improved.

The School Medical Officer sees children at the Poole Clinic daily from 9-30 to 11-0 a.m. He is assisted by one or by two of the Nurses.

The Branksome Clinic or Treatment Centre, is on the first floor of the Municipal Buildings, Branksome. The rooms are suitable. There is a large and airy waiting room, which sometimes has to accommodate over 100 children at a time, and a fair-sized consulting room. Lavatory accommodation is provided. The School Medical Officer, assisted by two and sometimes three Nurses, sees children there on Tuesdays and Fridays at 2-0 p.m.

Of course, children who live in any part of the Borough can attend whichever Clinic they please; and often children from Branksome, especially the more urgent cases, come into Poole to the Clinic there, rather than wait for the next meeting of the Branksome Clinic.

The treatment of various conditions will now be described under the same headings and in the same order as those in the previous section of this Report..

Malnutrition. School children are not fed in this Borough. From figures supplied by the Head Teachers it does not appear that the children are suffering from any absolute lack of sufficient food. The general causes leading to malnutrition have been discussed, and it is hoped that when new and better houses have been provided the amount of malnutrition among children will be less. The treatment of the diseases that lead to malnutrition will be discussed later. A few of the children suffering from malnutrition have been sent to a Red Cross Convalescent Home at Swanage on the recommendation of the School Medical Officer.

Uncleanliness. When a child is in need of cleansing from vermin, a notice (see Appendix) is sent by registered post to the parent. This very often has the desired effect, and the child is cleansed. The School Medical Officer has been given authority by the Council to cleanse children if necessary under the powers conferred by the Children's Act. This has not been done at present, because there is no suitable place in which to do the cleaning ; but in the new School Clinic at Poole a small cleansing station has been provided, and a few selected cases of gross neglect will be cleansed there in the future. No prosecutions have been made for non-attendance of verminous children by the School Attendance Officers, and this is a matter for regret.

Adenoids and Enlarged Tonsils. Unfortunately the Education Authority has as yet made no provision for the operative treatment of Enlarged Tonsils and of Adenoids. When these defects are discovered a notice is sent to the parent, drawing attention to the facts and urging the parent to obtain operative treatment for these grave conditions. It is thus left to the parents to persuade some Hospital to undertake this treatment. During 1914 the authorities of the Cornelia Hospital at Poole refused to undertake the treatment of enlarged tonsils and adenoids in School children without payment from the Education Authority. Since his return to the Borough the School Medical Officer has had several conferences with the Medical Staff of the Hospital, and has prepared a scheme which will, it is hoped, come into operation in April, 1920, by which the Surgeons of the Hospital will receive adequate payment for their operative skill, and children will be properly treated for this crippling condition. In the meantime the surgeons of the Hospital have been good enough to undertake the treatment of some of these cases.

Defective Hearing. The non-operative treatment of children with defective hearing is undertaken at the School Clinics. Children attend there to have wax removed from their ears and to receive treatment for chronic ear discharges. Cases of acute middle-ear disease are referred to the Hospital. 43 cases received treatment at the Clinics during the year.

Defective Vision. A child who is discovered by the School Medical Officer to have defective vision is sent to the Eye Clinic on Tuesdays or Fridays at the Cornelia Hospital, where it is seen by Dr. A. Stables, the School Ophthalmic Surgeon. The child's eyes are carefully examined and, if necessary, spectacles are prescribed. The child takes the order for the spectacles to an optician in Poole, and when subsequently the spectacles are ready, the child is re-examined by the School Oculist to see if the glasses are correct. Children are re-examined once a year to ascertain if the spectacles are still suitable. An immense amount of good has been done by this branch of the School Medical Service during the last year, and many of the defective children who had accumulated during the War were discovered and treated.

Details of the Treatment given are found in Table 6. It will there be seen, that the School Oculist gave treatment to 261 children during the year.

Other Eye diseases. Conditions such as Conjunctivitis, Blepharitis, Phlyctenular and Corneal Ulcer and suppurative conditions of the eyelids are treated in the School Clinics. A few cases have been referred to the School Oculist.

One hundred and fifteen children with these conditions were treated during the year at the Clinics.

Defective Teeth. It is a matter for great regret that the treatment of defective teeth is unsatisfactory. Mention has already been made of the apathy of the parents. In addition to this, they have a very marked objection to taking their children to the Cornelia Hospital for Dental Treatment. The Dental Clinic is held at the Cornelia Hospital for two hours each Saturday morning. The waiting-room accommodation there was, until recently, very unsatisfactory, in that children, after having their teeth extracted, had to return to the room where other children were waiting for the

dental treatment. The effect of this arrangement on the *morale* of the waiting patients can well be imagined ; the result is that, apart from their usual slackness, parents will *not* go to the Hospital with their children for dental treatment.

When the new School Clinic is built, the operative dental work will be done there under much better circumstances ; and during 1920 every effort will be made to obtain more treatment for the children. The present clerical staff at the disposal of the School Medical Officer is insufficient to deal with the increased correspondence which a carefully conducted dental service will demand. It is hoped, however, that in 1920 sufficient time and staff may be available to deal with this increased work.

During the year under review, 170 children received Dental Treatment. Orders for children to go to the School Dentists for treatment were sent to parents in 844 instances.

There follows an extract of a short report by the School Dental Surgeons, Mr. Myers, Mr. Crapper and Mr. Holmes :—

“Owing to the war and the absence of the School Medical Officer the examination of the school children was carried out rather later than last year.....The number of teeth filled is practically nil, chiefly owing to the lack of proper accommodation. More time and a properly equipped Surgery is needed, if the Government requirements as regards conservative dentistry are to be carried out. Gas has been administered fifteen times, and here again the conditions are not satisfactory.

We should like again to put on record our thanks for the great help we have received from the Heads of the Schools during our visits for examination, which has certainly reduced the time considerably.....

Taking everything into consideration we think that the condition of the teeth is improved ; but we still suggest that the children should be instructed in the uses of a toothbrush”

Out of 1,673 children who had teeth that needed treatment, 170 or ten per cent. alone received this treatment. Practically no conservative dentistry was attempted.

To inspect the teeth of over two thousand children a year, to give treatment to over sixteen hundred, to keep the necessary card indices and ledgers, to send out notices to parents and to “ follow up ” unwilling cases, means a vast amount of work.

In order more adequately to do this Dental Work in the future the following is suggested :—

1. The appointment of a whole time School Dentist, or
2. Increase the number of hours at present given by the part time Dentists to the work.
3. Provide a suitable Dental Surgery.
4. Employ more Nursing Staff for following up.
5. Provide more clerical help in the School Medical Officer's Department.
6. Make an attempt by means of lectures and literature to educate parents.

The suggestions 2, 3, and 5, have been sanctioned by the Education Committee and passed by the Council, and will come into force in April 1920.

Rheumatism and Heart Disease. Very little curative treatment for either of these conditions can be given at the Clinics. Cases of acute and sub-acute rheumatism would be sent to the Hospital for treatment. Advice regarding damaged hearts has been given to the parents of affected children, and a few of them have been excluded from School.

Bronchitis. Eighty-four children were seen, who were suffering from this condition. The treatment consisted of general hygienic advice to the parents.

Pretubercular Conditions. Thirteen children were seen who had the stigmata of Tuberculosis, although no definite physical signs of the disease were apparent. These children are weighed and examined every three months, and advice given to their parents, who generally seem to appreciate the necessity in these cases for fresh air and good food. Several cases were referred for treatment to the Tuberculosis Dispensary.

Tuberculosis. Fourteen children who suffered from Tuberculosis of the Lungs were seen at the Clinics during the year. In every case, they were referred for treatment to the Tuberculosis Dispensary in Poole, which is managed by the Dorset County Council. The School Medical Officer feels it his duty firstly to express his appreciation of the treatment extended to these children by the Dorset County Council, and secondly to put on record his opinion that, if that Local Authority had looked after the advanced and infectious cases of pulmonary tuberculosis in the Borough during the past few years, there would not now have been so many cases among young children.

Ringworm of Skin. Eighty-two cases were treated and cured during the year.

Ringworm of Scalp. Unfortunately there has been as yet no provision made in the Borough for the X-Ray Treatment of Ringworm. I hope, however, that this will be undertaken next April. Sixty-seven cases of Ringworm of the Hair attended the Clinics during the year. The parent of each child was given simple directions (see Appendix) and was supplied with a Mercury Ointment for application to the scalp. This is a most unsatisfactory method of attempting a cure; sometimes, however painstaking and careful the parent is, these cases continue for eight or ten months or even longer, while a child loses very valuable time at School.

Impetigo, or infectious Sores. No less than 753 children with Impetigo attended the Clinics during the year. Simple directions were given either to them or to their parents, and they were supplied with Ammoniated Mercury Ointment for treatment. Some of the more chronic cases derived much benefit from the application of Silver Nitrate. The success or failure of the ordinary treatment rests with the parents. The painstaking parent, who takes the trouble to follow the printed directions (see Appendix), succeeds in curing the child in a day or two. A few cases were admitted to the Alderney Heath Isolation Hospital towards the end of the year as an experiment. They did extremely well, and were cured in in less than three days. It is hoped to extend this institutional treatment in future.

Scabies. One hundred and seventy children came for treatment to the Clinics for Scabies. They or their parents were given simple instructions (See Appendix), and were supplied with Sulphur ointment. The cases proved very difficult to cure, chiefly because of the lack of adequate bathing facilities at the homes of the children. Towards the end of the year, 7 cases were admitted, as an experiment, to the Alderney Heath Isolation Hospital, where they received such excellent care from the nursing staff that they were cured in an average of 5 days. It is hoped to extend this institutional treatment, and an additional grant through increased attendances is anticipated.

Mental Deficiency. The treatment given for this condition can best be stated by quoting a resolution of the Council passed at their meeting of July 1st, 1919 :—

The report of the School Medical Officer was considered and arising out of such report the following resolutions were passed :

(b) (ii) With regard to the number of mentally defective children likely to receive benefit from instruction in a special school, and (iii) likely to receive benefit in a special class.

That as to (ii) arrangements be made for 21 children to be sent to special residential schools; and as to (iii) that the Town Clerk make enquiries as to whether it is possible to make arrangements for accommodating two classes for the instruction of such children, one being in Poole and the other at Branksome.

Owing to administrative difficulties, this has not yet fully been put into operation. There are no special schools or classes in the Borough. Details of mentally defective children are given in Tables 3 and 11.

Malingers. There are several malingerers among the School population, but the School Medical Officer knows them fairly well by now. Children often prefer to spend a morning or an afternoon at one of the Clinics rather than go to School ; and some of the elder children “ swing the lead ” in a pathetic manner that would arouse envy in the hearts of their soldier and sailor relations. The School Medical Officer sends malingerers back to School again, and writes to the Attendance Officers, leaving to them any further necessary action. There is already too much work to be done at the School Clinics, and it takes much longer to decide that there is nothing the matter with a malingering child than to treat a child who is really ill.

PROSECUTIONS.

The School Medical Officer reported a case of gross cruelty to the Society for the Prevention of Cruelty to Children. They prosecuted the mother and she was fined £2. There have been no prosecution under the School Attendance Bye-Laws in respect of children excluded from School for Verminous conditions.

GENERAL REVIEW OF HOME CONDITIONS AND EMPLOYMENT.

Home Conditions. Reference has already been made to the influence which sanitary circumstances have on the health of children. The unpaved yard, the defective drain, the unclean and overcrowded house all take their toll during the year of the health and lives of the children. The School Medical Officer and the Nurses have had occasion during the year to visit frequently the homes in which these children live ; and the defects found have been remedied under the various provisions of the Health and Housing Acts.

Employment. A good many boys are employed out of School hours—some work for as long as 30-40 additional hours a week. It does not do the candle any good to be burnt at both ends ; and children who rise early to work on a milk-round, and stay up late to sell evening papers in the streets at night-time, cannot be expected to be normal at School. The facts regarding employment were reported by the Medical Officer to the Education Committee during the year, and the subject was referred to the School Attendance Officers for further investigation. Either it is good or it is harmful for children to work these excessive hours in addition to their time at School, and the experience of the Teachers and of the Medical Officer is that such employment is detrimental to the children. (See Table 12).

No Bye-Laws governing the hours of employment for children are in force in the Borough.

There is no Juvenile Labour Bureau in the Borough, and the Education (Choice of Employment) Act, 1910, is not in force.

ACTION TAKEN TO DETECT AND PREVENT THE SPREAD OF INFECTION IN SCHOOLS.

General reference has already been made to this subject, but it will be well here shortly to recapitulate the account of action that has been taken in the effort to keep the children free from infection.

By visits to the School, and by class-to-class examination of the children, it is often possible to discover cases of infectious disease. Many cases of Ringworm, Scabies, Vermin and Impetigo, for example, have been brought to notice in this manner during the year. At the Routine Inspections, again, certain cases of infection are discovered ; one child who was just beginning to desquamate after Scarlet Fever was found, and cases of Chickenpox and Whooping Cough have been revealed during these Inspections. It is a rule whenever a child is found in or out of School, complaining of a sore throat, that a swab is taken ; and several Diphtheria “ carriers ” have been discovered in this way. They were of course removed to the Isolation Hospital. The Teachers have been instrumental in bringing to the notice of the School Medical Service many cases of infective disease ; if a Teacher considers that a child is in or away from School and may be suffering from any infectious condition, a notification of this is sent at once to the School Medical Officer. It would be ideal to have sufficient nursing staff properly to follow up all these cases to their homes, but at present this is not possible.

The contacts of Measles, Chickenpox, Mumps and Scarlet Fever are excluded from School unless they have had the disease in question. Contacts of Diphtheria are excluded until their nose and throat swabs are found to be negative. A Notice is sent to the infected house, saying that no child from that house may attend School without the written consent of the Medical Officer and the School is also informed of this. When it appears that contacts may safely re-attend School, another Notice is sent giving permission. On the back of these Notices a short description of the signs and symptoms of the disease is printed.

In the event of any serious School epidemic all the energies of the Health Department would be focussed in stamping it out. The Laboratory is prepared at any time to examine large quantities of nose and throat swabs.

Three infant Departments have been closed on account of the prevalence of Measles and Whooping Cough. The School Medical Officer does not advise School closure except in rare instances ; for, when the Schools are closed and the children scattered about the Town in their homes, the Health Department loses at once its main source of information about prevalent sickness.

The Poole Corporation Act, 1919, has given powers to exclude children from Sunday Schools and places of Public Assembly when they are excluded from School on account of certain infectious diseases. This is a valuable provision, since it is obviously useless to exclude say, a Scarlet Fever contact from day School, if it is allowed to go to a Cinema Show or a Sunday School.

The School buildings have been disinfected from time to time throughout the year.

Table 15 gives the number of days absence in each month caused by infectious diseases in Schools during the year, and also the approximate loss of Grant, classified according to diseases and Schools, which has been caused by Infectious Disease. The grant is worked out to the nearest £1, and the figures of absences include those of children who were excluded because they had been in contact with infectious disease.

The figures must, however, be considered an approximation only, and certainly err by being too low, since the returns sent in by some of the Schools were admittedly incomplete.

HYGIENE, MOTHERCRAFT, ETC.

It is very desirable that classes in the Science of Health and in Domestic Hygiene should be given in all the Schools to the elder boys and girls. Much, however, can be learned by these children (and also by the little ones) without forced instruction, by means of what they see around them. A light, airy and clean class-room is an excellent object lesson. Very properly the Teachers demand a certain standard of cleanliness in the persons of their Scholars, and impress upon the children the evils of dirt and vermin. The School Medical Service by means of its School visits and class-to-class inspections, followed as these are by adequate treatment, brings home to the children many practical health lessons.

Classes in Mothercraft are given in several Schools to the older girls, and the importance of this instruction cannot be overestimated. So many of the children today suffer from bad and slatternly mothers, who have no idea of "economy"—of the science of house-keeping. Those girls who learn at School today should make better mothers in the years to come.

An excellent cooking class is held in the Borough and during the year 363 of the older girls have received practical instruction in domestic cooking. So many digestions and happy homes have been ruined by bad cooking that we can only welcome the classes as a real effort to solve one of the hygienic problems of the day.

Classes in Handicraft for boys are held at certain of the Schools, and boys at other of the Schools receive instructions in practical Gardening. The extension of such classes is desirable.

The Boy Scouts, Sea Scouts and Girl Guides have flourishing branches in the district. Their members learn many valuable lessons; the children become more clean, more social and more reliable, and the days and holidays spent in the open air greatly improve the health of those who are sensible enough to be Scouts or Guides. These organisations are teaching the children the answer to the great question, "Who is my neighbour?" and when we have all learned this and act upon it, we shall feel a lightening of our heavy load of infection and disease.

THE FEEDING OF SCHOOL CHILDREN.

Children attending the public Elementary Schools in the Borough are not, and never have been, fed by the local Education Authority. The arguments for and against the feeding of School children may here be briefly summarised.

It is claimed by those who favour the provision of meals that :—

1. It is morally wrong to allow a child to be hungry.
2. The health and intelligence of the children are improved.
3. The meals have a definite educative value.

And on the other hand, it is stated by those who object to the provision of meals that :—

1. Parental responsibility would be lessened.
2. Home life would be broken up.
3. The meals cost money.

Reference has already been made to the fact that there are in the district a certain number of children who suffer from malnutrition, and it is reasonable to suppose that if those children could receive daily a sufficient and well-cooked meal, their general health would improve.

The School Medical Officer, in his capacity as Medical Superintendent of the Isolation Hospital has noted with satisfaction how greatly many children improve in health after a few weeks stay in Alderney Hospital. The good food supplied at regular times is certainly one of the factors that makes a thin and badly-nourished child become fatter and more healthy.

APPENDIX I.

BOROUGH OF POOLE.

SCHOOL CLINIC.

The Treatment of Impetigo or Infectious Sores.

Your child is suffering from Impetigo or Infectious Sores.

These Infectious Sores may spread to other parts of the child's body, and may cause the child to have enlarged glands. They may make the child very ill.

They are infectious from person to person. They are caused by a small microbe.

This disease can be very easily cured if you will take a little trouble and if you follow out the directions. If you do not do this the disease may last for many weeks.

1. If the Sores are in the child's head, then cut the hair short. You cannot cure the disease unless you can get at it easily. Long and matted hair prevents you getting at the sore places.

2. Give the child a thorough bath with plenty of soap. Boil any clothing that has been in contact with the sores. This will kill any microbes that may be on the clothing.

3. Take off any scabs or crusts that may have formed over the sore places, and then rub in the ointment. It is very important to get the scabs off. They are often very thick and tough, and they prevent the ointment reaching the sore places. Do not be afraid of hurting the child by pulling off the scabs. Their removal hurts very little—often not at all.

4. Rub the ointment thoroughly into the raw surfaces under the scabs. Do this every three hours during the day. Cover the sores with linen spread with the ointment at night.

5. If you do this the sores will be well in two or three days.

6. Bring the child to the School Clinic when you want advice from the School Doctor or from the Nurses.

Note.—Advice and Treatment can be obtained free of cost at the Municipal Buildings, Market Street, Poole, at 9.30 a.m. every morning; or at the Branksome Council Offices at 2 p.m. every Tuesday.

A. T. NANKIVELL, M.D., etc.
School Medical Officer.

APPENDIX II.

BOROUGH OF POOLE.**SCHOOL CLINIC.****The Treatment of Scabies or the Itch.**

The Itch is an infectious disease. It is caused by the burrowing of a little animal under the skin. The little mite can just be seen as a shining white speck with the naked eye. As it is generally lying deep in the burrow which it has made in the skin, it is not often seen. In the burrow it lays eggs, and these hatch out into other mites which, in their turn, make other burrows and hatch more eggs. The burrowing of the Scabies-mite causes great itching and irritation.

Your child is suffering from Scabies or the Itch, and the mites that cause the disease can leave the child and go to other people. That is why this disease is infectious.

Scabies can be cured if you will take a little trouble and follow out these directions :—

1. Undress the child and rub soft soap all over the body, especially on the places where the spots are present.
2. Put the child into a hot bath with plenty of soft soap, so as to make a good lather. Keep the child in the bath for at least one hour. Then dry the child thoroughly. This soaking in the bath and soft soap will soften the skin over the burrows and will drown some of the mites.
3. Then rub Sulphur Ointment into the child's skin, especially in the places where the disease is. Sulphur Ointment is rather gritty and it will penetrate through the softened skin into the burrows and kill the scabies mites and the eggs which are there. It is useless to rub in the ointment unless the child has been thoroughly soaked before it is applied.
4. Do not wipe off the ointment, but put the child to bed in clean sleeping clothes and clean bedding. Next morning put the child into clean clothes.
5. If you follow out these directions the child will be cured, and will show no more signs of irritation. Of course, the skin will take some days to heal.
6. If, after three days, the irritation seems to be returning, then repeat the bath and the ointment.
7. It is no good curing the child if you put it to sleep in a bed where the Scabies-mites are living. It will only become infected again. So boil all sleeping clothes, sheets and underclothing. Coats and outer clothing should be baked in the oven.
8. Bring the child to the School Clinic when you want advice from the School Doctor or the Nurses.

NOTE.—Advice and treatment can be obtained free of cost at the Municipal Buildings, Market Street, Poole, at 9-30 a.m., every morning ; or at the Branksome Council Offices at 2 p.m., every Tuesday.

A. T. NANKIVELL, M.D., etc,
School Medical Officer.

APPENDIX III.

BOROUGH OF POOLE.

SCHOOL CLINIC.

The Treatment of Ringworm.

Ringworm is a very infectious disease among children.

Your child is suffering from Ringworm of the Scalp.

This is a disease where the hairs are attacked by a microbe.

It is a disease of the **Hairs** and not of the skin.

The disease will be cured when **All** the infected hairs have been removed ; but it is a very difficult disease to cure and often it lasts for many months.

But you can help it to get well by following these directions.

1. Do not wash the child's head ; clean it instead with petrol once a fortnight.
2. Cut the child's hair as short as possible and keep it short Long hair interferes with the treatment.
3. Rub the ointment thoroughly into the sore place every night and morning, especially around the edges of the ring. The ointment will make the child's scalp inflamed, and will help to loosen the hairs.
4. Every day pull out the diseased hairs with a small pair of tweezers. You can tell which hairs are diseased by the following signs :—diseased hairs are broken short, and are often swollen and fatter than healthy hairs. The diseased hairs can be pulled out very easily and without hurting the child. Try to pull out a few dozen of these hairs every day ; if you can do this, the child will soon get well.
5. Make some tight-fitting caps of linen or cotton and let the child wear these both indoors and out of doors. Give the child a clean cap twice a week. Boil the caps when they are dirty.
6. Bring the child to the School Clinic when you want advice from the School Doctor or from the Nurses.

NOTE.—Advice and treatment can be obtained free of cost at the Municipal Buildings, Market Street, Poole, at 9.30 a.m., every morning ; or at the Branksome Council Offices at 2 p.m. every Tuesday.

A. T. NANKIVELL, M.D, etc.
School Medical Officer.

APPENDIX IV.

Borough of Poole.

TREATMENT OF DISCHARGING EARS.

Your child is suffering from **Discharging Ears**.

This is a dangerous complaint and may lead to an abscess in the Brain or to permanent deafness.

The **TREATMENT** which the child needs is as follows,—

1. Lay the child on one side with the diseased ear upwards.
2. Pour about half a tea-spoonful of Methylated Spirits into the ear. You can get Methylated Spirits at the Chemist's or at an Oil Shop. It is cheap, and half a pint will last for several months.
3. Leave the child lying quietly for five minutes. The Methylated Spirit will cause the inside of the ear to smart; but the child will soon get used to this.
4. Repeat the Treatment night and morning. It will cure the child's ear and save it from becoming deaf.

DEAFNESS is a terrible affliction, and makes a person unable to earn his or her living. So try to **prevent** your child becoming deaf by treating it properly **NOW**.

The School Medical Officer will see sick and ailing children any morning at the Municipal Buildings, Market Street, Poole, at 9.30 a.m., and at Branksome Council Buildings, Library Road, any Tuesday or Friday afternoon at 2 p.m.

A. T. NANKIVELL, M.D., D.P.H.

School Medical Officer, Poole

APPENDIX V.

BOROUGH OF POOLE.

MEASLES.

Measles is one of the most fatal diseases of children.
Most deaths may be prevented by careful nursing.

TO HELP THE SICK CHILD TO RECOVER:—

1. Get medical advice.
2. Ask one of the Health Visitors to call and help you nurse the child.
3. Keep the child warm. The whole body, including the arms and legs should be clothed in flannel or in warm woollen garments. Of course the child must be kept in bed.
4. Remember that pure air is as necessary as warmth. The bad air of a dirty, stuffy room will poison the lungs and kill the child. So keep the room well aired.
5. Remember that if you cannot look after the child at home, it can be treated in the Isolation hospital in the Ringwood Road. Ask your Doctor, or the Health Visitor to arrange this for you.

MEASLES usually begins with sneezing, coughing, and running at the eyes and nose. A rash appears about the fourth day of illness. Cases of measles are very infectious **BEFORE** the rash comes out; so keep the children who have these symptoms away from other children.

A. T. NANKIVELL, M.D., ETC,

Medical Officer of Health.

APPENDIX VI.

EXCLUSION FROM SCHOOL.

Your child is *excluded from School* until further notice from me in writing.

Medical Treatment for your Child must be obtained at once—either from your own doctor, or (free of cost) at the Municipal Buildings, Market Street, Poole, at 9.30 a.m. every morning ; or (free of cost) at the Branksome Council Offices at 2 p.m. every Tuesday.

Before your child may return to School a Certificate (which will be granted free) must be obtained from me either at the Municipal Buildings or at Branksome Council Offices.

A. T. NANKIVELL, M.D., etc.

School Medical Officer.

Your child is also not allowed to attend Sunday School or go to places of public Entertainment or Assembly until it is granted a certificate from me to return to School.

NOTE.—It is an *offence* against Sec. 12 of the Children Act, 1908, for a parent or guardian to fail to obtain medical aid for a child.

Parents offending against this Section are liable to a heavy penalty or imprisonment.

APPENDIX VII.

School.....

No.....

BOROUGH OF POOLE.

MEDICAL OFFICER'S DEPARTMENT,
MUNICIPAL BUILDINGS,
POOLE.....191

To the Parents or Guardians of.....

Your notice is hereby drawn to the Verminous Condition of your child. By following the instructions given on the back of this notice, the child may be made perfectly clean in a week, and you are therefore requested to attend to the matter without delay.

A. T. NANKIVELL,
Medical Officer.

INSTRUCTIONS FOR CLEANSING HEADS.

Carry out the following treatment daily for a week —

- (1) Soak the hair in a mixture of equal parts of paraffin oil and olive oil and tie up the hair in a handkerchief for about twelve hours.
- (2) Wash the head with warm water and soap, comb while wet with a fine toothed comb, and brush the hair with a stiff nail brush.
- (3) If the nits cannot be removed by the above process, the hair must be cut short.

After the head has been rendered clean, constant care must be taken to prevent a recurrence of the trouble, therefore—

- (1) Comb the hair carefully every day with a fine toothed comb.
- (2) Soak the hair in oil as directed once a week.
- (3) See that the child's hat or cap and the collar of the frock or coat are kept clean.
- (4) Wash the brush and comb thoroughly every week.

INSTRUCTIONS FOR CLEANSING BODIES AND CLOTHING.

The child must be stripped, put in a bath and thoroughly washed *all over* with soap and warm water. The child must then be dressed with clean clothing. Every child should have such a bath once a week.

All underclothing and washable articles of dress must be washed and boiled for at least half-an-hour. All other garments must be well washed and exposed to the open air and sunlight for several hours.

Vermin of the body lay their "eggs" in clothing. It is necessary, therefore, thoroughly to cleanse the clothing as well as the body of the child. Clothing may be freed from vermin and their eggs by disinfection. Disinfection will be done free of charge on application to the Medical Officer's Department, Municipal Buildings, Poole.

APPENDIX VIII.

UNHEALTHY CONDITIONS EXISTING AT CERTAIN OF
THE SCHOOLS AT THE END OF 1919.**St. James Infants'.**

Gravel in playground in bad condition. One w.c. cistern requires adjustment.

St. Paul's Infants'.

Playground extremely bad and flooded. Children have to play in the road. w.c. walls and pans dirty.

National.

Much of the playground is bad. The walls and pans of the w.c.'s are dirty. The school generally is not kept clean.

Catholic.

Walls of w.c.'s dirty.

Longfleet Boys'.

No chains or water in w.c.'s, which are quite unfit for use. Tap from the main is broken and the whole place flooded.

Longfleet Girls'.

Gravel very poor. Drain under lavatory basin choked. Two w.c.'s choked. Two other w.c. cisterns quite unusable.

Hamworthy.

Gravel in poor condition. Two cesspools. Several wooden seats missing from w.c.'s. No stalls to boys' urinal. Place flooded. Insufficient flushing on account of cesspool drainage.

Heatherlands Infants'.

One ceiling in closet broken and falling down.

Heatherlands Girls'.

One cistern requires adjustment. One seat needs repair. One parting wall is falling down and is very dangerous.

Heatherlands Boys'.

Two cisterns are without chains.

St. Peter's Boys'.

Playground very bad. w.c. walls dirty and three chains missing.

St. Peter's Girls'.

One length of spouting broken. w.c. walls dirty.

Branksome Heath Girls'.

Pail closet in caretaker's cottage, six feet away from the drain. Trough pattern closets. Pans dirty. Roof and spouting broken.

Branksome Heath Boys'.

Urinal and w.c.'s dirty. Roof defective. Spouting broken. Seat of one closet broken.

St. Aldhelm's Boys'.

Urinal and w.c.'s dirty. School generally not properly cleaned.

St. Aldhelm's Girls.

w.c.'s dirty.

LIST OF TABLES.

1. Number of Code and Special Inspections.
2. Return of Defects found in course of Medical Inspections.
3. Numerical Return of all exceptional children.
4. Treatment of Defects of Children during 1919.
5. Summary of Inspection and Treatment during 1919.
6. Treatment of Visual Defects.
7. Treatment of Dental Defects.
8. Record of Work done at Poole and Branksome Minor Ailment Clinics.
9. Return showing Physical Condition of Children Inspected at Routine "Code" Examinations.
10. Age and Sex distribution of Tuberculosis in School Children.
11. Age and Sex Distribution of Mental Deficiency.
12. Particulars of Employments out of School Hours.
13. Average Heights and Weights.
14. History of Previous Infectious Illnesses.
15. Loss of Grant due to Illness during 1919.
16. Statistics of Attendance, etc., during the year.
17. Clerical Work.

TABLE 1.

**NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1919,
to 31st DECEMBER, 1919.**

A.—“ CODE ” GROUP.

Age.	Entrants.				
	3.	4.	5.	6.	Total.
Boys ..	11	82	177	193	463
Girls ..	13	57	168	203	441
Totals ..	24	139	345	396	904

Age.	Inter- md'te Group.	Leavers.				Grand Total.
	8.	12.	13.	14.	Total.	
Boys ..	139	203	45	—	248	850
Girls ..	133	198	78	—	276	850
Totals ..	272	401	123	—	524	1700

B.—GROUPS OTHER THAN “ CODE.”

Intermediate Group (other than 8 years)	Special cases and ailing children	Re-Examinations.
Nil.	3,637	2,431

TABLE I.

NUMBER OF CHILDREN INSPECTED IN JANUARY, 1916,
to 31st DECEMBER, 1915.

A. COLLEGE GROUP.

Age.	Boys	Girls	Totals	Families				
				1.	2.	3.	4.	Total.
..	11	13	24	83	177	172	147	482
..	13	13	26	57	133	203	141	441
..	24	26	50	130	310	375	288	904

Age.	Boys	Girls	Totals	Inter- mediate Group	Lowers				Total
					8.	12.	13.	14.	
..	130	133	263	130	13	203	13	—	860
..	133	133	266	133	18	128	18	—	859
..	263	266	529	263	31	431	31	—	1700

B. GROUPS OTHER THAN COLLEGE.

Intermediate Group (Other than 8 years)	Special class and aging children	Re-Entrants
211	2,637	2,981

TABLE 2.

**RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1919.**

Defect or Disease.	Code Groups.		Specials and Ailing Children.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
Malnutrition ..	35			
Uncleanliness :				
Head ..	66		24	
Body ..	135			
Ringworm :				
Head ..	6		69	
Body ..	2		82	
Scabies ..	2		170	
Impetigo ..	40		753	
Other Disease ..	8		644	
Defective Vision and Squint ..	234		128	
External Eye Diseases ..	12		115	
Defective Hearing ..	5	2	14	19
Ear Disease ..	15		29	
Dental Disease (see also Table 7)	233	739	126	
Enlarged Tonsils & Adenoids ..	173	77	73	
Defective Speech		5		
Heart Disease :				
Organic ..		29		1
Functional ..				
Pulmonary Tuberculosis :				
Definite ..	4		14	
Suspected ..	18			13
Chronic Bronchitis ..		64		20
Other Disease ..		1		
Epilepsy ..				2
Chorea ..				
Other Disease ..		6		6
Non-Pulmonary Tuberculosis :				
Glands ..		2	3	
Bones & joints ..		2	4	
Other Forms ..				
Rickets ..		4		2
Deformities ..		9	4	
Other Defects or Diseases ..	9	16	297	47
TOTALS ..	997	956	2549	110

TABLE 3.

SHOWING NUMBER OF EXCEPTIONALLY DEFECTIVE CHILDREN IN THE BOROUGH IN 1919.

		Boys.	Girls.	Total.
BLIND. (Not including ordinary cases of defective vision).	Attending Public Elementary Schools ..	—	—	—
	Attending Certified Schools for the Blind	2	1	3
	Not at School	—	—	—
DEAF and DUMB.	Attending Public Elementary Schools ..	—	—	—
	Attending Certified Schools for Deaf ..	—	3	3
	Not at School	—	—	—
MENTALLY DEFICIENT.	Dull and backward.	17	12	29
	Attending Public Elementary Schools ..	14	6	20
	Attending Certified Schools ..	1	—	1
	Not at School	6	1	7
	Not at School	—	—	—
EPILEPTICS.	Attending Public Elementary Schools ..	2	—	2
PHYSICALLY DEFECTIVE.	Pulmonary Tuberculosis.	29	18	47
	Other forms of Tuberculosis.	—	—	11
	Cripples.	—	—	13

NOTE.—All the Mentally Deficient Children were Notified during the year to the Local Authority.

TABLE 2

NUMBER OF PERSONS EMPLOYED IN THE MANUFACTURING INDUSTRY BY SEX AND AGE

Year	Male	Female	Total	Percentage of Total
1910	100,000	100,000	200,000	100.0
1920	120,000	120,000	240,000	120.0
1930	150,000	150,000	300,000	150.0
1940	180,000	180,000	360,000	180.0
1950	200,000	200,000	400,000	200.0
1960	220,000	220,000	440,000	220.0
1970	250,000	250,000	500,000	250.0
1980	280,000	280,000	560,000	280.0
1990	300,000	300,000	600,000	300.0
2000	320,000	320,000	640,000	320.0
2010	350,000	350,000	700,000	350.0
2020	380,000	380,000	760,000	380.0

TABLE 4.

TREATMENT OF DEFECTS OF CHILDREN DURING 1919.

Condition.	No. of defects found for which Treatment was considered necessary.	No. of defects for which no report is available.	No. of defects treated.	No. of defects not treated.	Percentage of defects treated.
Cleanliness of head	90	—	90	—	100
Cleanliness of body	135	135	—	—	—
Nutrition	35	35	—	—	—
Nose and throat	246	—	33	213	14
External eye disease	127	12	115	—	90
Ear disease	63	8	55	—	87
Teeth	1673	1503	170	—	10
Heart and circulation	1	—	1	—	100
Lungs	36	—	36	—	100
Nervous system	—	—	—	—	—
Skin	1776	58	1718	—	97
Rickets	—	—	—	—	—
Deformities	4	—	4	—	100
Tuberculosis—non-pulmonary	7	—	7	—	100
Speech	—	—	—	—	—
Mental condition	27	—	—	27	—
Vision and squint	362	101	261	—	72
Hearing	63	20	43	—	69
Miscellaneous	306	9	297	—	97
Total	4951	1881	2830	240	58

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TABLE 5.

INSPECTION, TREATMENT, &c., OF CHILDREN DURING 1919.

(1) The total number of children medically inspected (whether Code Group, special or ailing child)	4337
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1066
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.) ..	3321
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	2740

TABLE 1

INSPECTION, TREATMENT, &c, OF CHILDREN BEING

1937	(1) The total number of children actually inspected (including Code Group, special, &c. children)
1938	(2) The number of children in (1) entering from outside before their admission to the hospital (including in hospital, who are sent to the hospital for treatment)
1939	(3) The number of children in (1) who were referred for treatment (including in hospital, &c.)
1940	(4) The number of children in (3) who were referred for one or more days (including in hospital, &c.)

TABLE 6.

TREATMENT OF VISUAL DEFECTS.

				Number of Children.
SUBMITTED TO REFRACTION.	Referred for Refraction			362
	{	Under Local Education Authority's Scheme (Clinic or Hospital)		261
		By Private Practitioner or Hospital ..		Not known.
		Otherwise		Not known.
		Total ..		261
	For whom glasses were prescribed ..		200	
	For whom glasses were provided ..		157	
Recommended for treatment other than by glasses			40	
Received other forms of treatment ..			40	
For whom no treatment was considered necessary			21	

TABLE II

TREATMENT OF VISUAL DEFECTS.

Number of Cases	
202	Referred for Refraction
201	From Local Education Authorities or from Hospital
Not known	By Private Practitioner or Hospital
Not known	Otherwise
204	Total
203	For whom glasses were prescribed
227	For whom glasses were furnished
20	Recommended for treatment other than by glasses
20	Recommenced other forms of treatment
21	For whom no treatment was recommended

TABLE 7.

TREATMENT OF DENTAL DEFECTS.

	Age.						Total.
	6.	7.	8.	9.	10.	11.	12.
Inspected by Dentist ..	85	246	382	399	383	403	329
Needing Treatment ..	45	180	269	277	234	236	199
							2227
							1440

Out of the above numbers only 170 children received dental treatment. This shows how unsatisfactory the dental arrangements are at present.

The Dental Surgeons devoted forty half days to treatment. A general anaesthetic (Nitrous Oxide) was given on fifteen occasions.

No record was kept of the number of extractions or of fillings.

The Dental Surgeons spent thirty-six half days in their Inspections.

TABLE 8.

**RECORD OF WORK AT POOLE AND BRANKSOME
MINOR AILMENT TREATMENT CENTRES.**

Condition				No. of Individual Children.
SKIN	{	Vermin	24	
		Ringworm—Head	67	
		Ringworm—Body	82	
		Scabies	170	
		Impetigo	753	
		Minor Injuries	254	
		Septic Wounds and Sores	204	
		Other Skin Diseases	186	
EYE	{	Blepharitis	53	
		Phlyctenular Ulcer, &c.	62	
		Defective Vision	107	
		Squint	14	
EAR	{	Cerumen	14	
		Otitis Media	29	
		Other Ear Diseases	12	
NOSE AND THROAT	{	Enlarged Tonsils and Adenoids	61	
		Sore Throat	180	
		Swabs taken in Clinics	302	
		Adenitis	47	
		Defective Teeth	126	
CHEST	{	Morbus Cordis	1	
		Bronchitis	15	
		Pre-Tuberculosis	13	
		Tuberculosis of Lungs	14	
		Other forms of Tuberculosis	7	
		Nervous Diseases	7	
		Deformities and Rickets	4	
		Common Infectious Diseases	70	
		Advice and Various	703	
Total				3581

NOTE.—The children of whom records are given in this Table were seen 6,068 times by the School Medical Officer.

In addition to the above work done at the Minor Ailment Treatment Centres, the School Oculist has given treatment to 261 children, and the School Dental Surgeons have treated 170 children.

TABLE 10.

**AGE AND SEX DISTRIBUTION OF TUBERCULOSIS
IN SCHOOL CHILDREN.**

Age.	Tubercular.		Pretubercular.		Total.
	Boys.	Girls.	Boys.	Girls.	
Under 5	1	1	—	2	4
5—6	1	—	3	1	5
6—7	—	—	5	5	10
7—8	1	1	4	1	7
8—9	2	—	2	—	4
9—10	—	—	1	3	4
10—11	—	—	—	—	—
11—12	—	—	1	—	1
12—13	1	1	4	2	8
13—14	2	—	1	1	4
Total	8	3	21	15	47

NOTE.—This Table includes not only new cases seen during the year, but also cases of former years which came for re-inspection.

TABLE 16

AGE AND SEX DISTRIBUTION OF FERTILISERS
IN SCHOOL CHILDREN

Age	Females		Males		Total
	Boys	Girls	Boys	Girls	
1-2	1	1	1	2	4
3-4	1	1	2	1	5
5-6	1	1	3	3	10
7-8	1	1	4	3	9
9-10	2	1	2	1	6
11-12	1	1	1	2	4
13-14	1	1	1	1	4
15-16	1	1	1	1	4
17-18	1	1	1	1	4
Total	8	8	14	15	45

Note.—This table includes not only new cases but also cases of former years which came for re-inspection.

TABLE 11.

MENTAL DEFICIENCY.

Age.	5—6	6—7	7—8	8—9	9—10	10—11	11—12	12—13	13 and over.	Total.							
Sex.	M	F	M	F	M	F	M	F	M	F							
Number examined	1	1	3	—	4	4	8	5	7	2	1	1	3	10	3	37	19
Slightly deficient	—	—	1	—	1	2	4	5	6	1	1	—	—	1	2	3	12
Seriously deficient	1	1	2	—	3	2	4	—	1	—	1	—	—	7	3	20	7

TABLE 12.

PARTICULARS OF EMPLOYMENTS OUT OF SCHOOL HOURS.

ERRAND BOYS.

Wages.	Under 20 hours.	20/30 hours.	30/40 hours.
Under 3/-	28	—	—
3/- to 7/-	27	24	4
7/- and over	3	4	1

HOLIDAY WORK.

Wages.	Under 20 hours.	20/30 hours.	30/40 hours.
Under 3/-	23	—	1
3/- to 7/-	1	4	2
7/- and over	1	—	1

NEWSPAPER BOYS.

Wages.	Under 20 hours.	20/30 hours.	30/40 hours.
Under 3/-	24	—	—
3/- to 7/-	20	1	—
7/- and over	11	1	—

VARIOUS.

Wages.	Under 20 hours.	20/30 hours.	30/40 hours.
Under 3/-	10	1	—
3/- to 7/-	15	5	—
7/- and over	3	—	—

HOUSE WORK.

Wages.	Under 20 hours.	20/30 hours.	30/40 hours.
Under 3/-	7	—	—
3/- to 7/-	5	—	1
7/- and over	—	—	—

TOTALS.

Wages.	Under 20 hours.	20/30 hours.	30/40 hours.	Totals.
Under 3/-	92	1	1	94
3/- to 7/-	68	34	7	109
7/- & over	18	5	2	25
Total	178	40	10	228

ЗАДАНИЕ ПО ТЕМЕ "СТАНОВЛЕНИЕ ЧО КАЛЫПОВАНИЯ"

ЗАДАНИЕ ПО ТЕМЕ "СТАНОВЛЕНИЕ ЧО КАЛЫПОВАНИЯ"

Вопрос	Ответ	Оценка	Дата	Подпись
1. Что такое ЧО?	ЧО - это...	5		
2. Какие виды ЧО существуют?	ЧО бывает...	5		

ЗАДАНИЕ ПО ТЕМЕ "СТАНОВЛЕНИЕ ЧО КАЛЫПОВАНИЯ"

Вопрос	Ответ	Оценка	Дата	Подпись
1. Какими инструментами пользуются при ЧО?	Для ЧО используют...	5		
2. Какие требования предъявляются к ЧО?	ЧО должно быть...	5		

ЗАДАНИЕ ПО ТЕМЕ "СТАНОВЛЕНИЕ ЧО КАЛЫПОВАНИЯ"

Вопрос	Ответ	Оценка	Дата	Подпись
1. Какие материалы используют для ЧО?	Для ЧО используют...	5		
2. Какие требования предъявляются к материалам?	Материалы должны быть...	5		

ЗАДАНИЕ ПО ТЕМЕ "СТАНОВЛЕНИЕ ЧО КАЛЫПОВАНИЯ"

Вопрос	Ответ	Оценка	Дата	Подпись
1. Какие инструменты используют при ЧО?	Для ЧО используют...	5		
2. Какие требования предъявляются к ЧО?	ЧО должно быть...	5		

ЗАДАНИЕ ПО ТЕМЕ "СТАНОВЛЕНИЕ ЧО КАЛЫПОВАНИЯ"

Вопрос	Ответ	Оценка	Дата	Подпись
1. Какими инструментами пользуются при ЧО?	Для ЧО используют...	5		
2. Какие требования предъявляются к ЧО?	ЧО должно быть...	5		

ЗАДАНИЕ ПО ТЕМЕ "СТАНОВЛЕНИЕ ЧО КАЛЫПОВАНИЯ"

Вопрос	Ответ	Оценка	Дата	Подпись
1. Какие материалы используют для ЧО?	Для ЧО используют...	5		
2. Какие требования предъявляются к материалам?	Материалы должны быть...	5		

TABLE 13.

AVERAGE HEIGHTS AND WEIGHTS.

ENTRANTS.

	3ft. 0in.-3ft. 3in.	3ft. 3in.-3ft. 6in.	3ft. 6in.-3ft. 9in.	3ft. 9in.-4ft. 0in.	4ft. 0in.-4ft. 3in.
Boys	lbs. 33.6	lbs. 37.9	lbs. 42.7	lbs. 47.2	lbs. 53.9
Girls	32.7	37.0	41.4	45.3	—

INTERMEDIATES.

	3ft. 6in.-3ft. 9in.	3ft. 9in.-4ft. 0in.	4ft. 0in.-4ft. 3in.	4ft. 3in.-4ft. 6in.	4ft. 6in.-4ft. 9in.
Boys	lbs. —	lbs. 48.2	lbs. 54.1	lbs. 60.9	lbs. 68.1
Girls	—	48.4	52.9	57.9	64.1

LEAVERS.

	4ft 0in.-4ft. 3in.	4ft. 3in.-4ft. 6in.	4ft. 6in.-4ft. 9in.	4ft. 9in.-5ft. 0in.	5ft. 0in.-5ft. 3in.
Boys	lbs. 54.6	lbs. 64.2	lbs. 73.3	lbs. 79.9	lbs. 90.6
Girls	—	63.2	71.3	80.4	93.5

STATIONARY AND PORTABLE ENGINE WORKS

STATIONARY

108. 114-100. 110	109. 114-100. 110	110. 116-100. 110	111. 118-100. 110	112. 120-100. 110
108. 114-100. 110 1.00 1.00	109. 114-100. 110 1.00 1.00	110. 116-100. 110 1.00 1.00	111. 118-100. 110 1.00 1.00	112. 120-100. 110 1.00 1.00

PORTABLE

108. 114-100. 110	109. 114-100. 110	110. 116-100. 110	111. 118-100. 110	112. 120-100. 110
108. 114-100. 110 1.00 1.00	109. 114-100. 110 1.00 1.00	110. 116-100. 110 1.00 1.00	111. 118-100. 110 1.00 1.00	112. 120-100. 110 1.00 1.00

STATIONARY

108. 114-100. 110	109. 114-100. 110	110. 116-100. 110	111. 118-100. 110	112. 120-100. 110
108. 114-100. 110 1.00 1.00	109. 114-100. 110 1.00 1.00	110. 116-100. 110 1.00 1.00	111. 118-100. 110 1.00 1.00	112. 120-100. 110 1.00 1.00

HISTORY OF PREVIOUS INFECTIOUS DISEASE.

PREVIOUS ILLNESSES.									
	Number of cases which have not had an infectious Disease.	Number of cases enquired into.	Measles.	Whooping Cough.	Chicken pox.	Scarlet Fever.	Diphtheria.	Other Illnesses.	
Entrants ..	130	904	581	389	334	19	16	220	
Percentage ..	14.38	—	64.27	43.03	36.95	2.10	1.77	24.34	
Intermediates ..	14	251	226	117	124	16	13	45	
Percentage ..	5.58	—	94.04	46.61	49.40	6.37	5.18	17.93	
Leavers ..	25	524	467	272	257	64	19	160	
Percentage ..	4.77	—	89.12	51.91	49.05	12.21	3.62	30.53	
Included in above figures									
Children with enlarged tonsils ..	21	—	179	107	97	13	7	64	
Percentage ..	12.43	—	14.05	13.75	13.57	13.13	14.58	15.06	
Children with adenoids ..	2	—	4	4	2	—	—	2	
Percentage ..	1.18	—	.31	.51	.28	—	—	.47	
Children with enlarged tonsils and adenoids ..	1	—	3	2	1	—	—	1	
Percentage ..	.59	—	.24	.26	.14	—	—	.24	

RETURN OF ABSENCES (IN DAYS) AND APPROXIMATE LOSS OF GRANT DUE TO INFECTIOUS DISEASES, 1919.

SCHOOL.	Measles.	Scarlet Fever.	Diphtheria.	Chicken Pox.	Whooping Cough.	Impetigo.	Scabies.	Ringworm.	Various.	Total.	£ Loss of Grant.
Hamworthy:											
Mixed	37	430	20	21	—	314	29	134	1035	2020	17
Infants	60	35.5	101.5	179	12.5	231.5	17	—	1953	2590	22
St. James' Girls	—	—	—	—	—	—	—	—	—	—	—
Infants	—	—	—	—	—	—	—	—	—	—	—
Catholic:	—	24	201	—	260	541	63	—	852	1941	16
Mixed	—	—	—	—	—	—	—	—	—	—	—
St. Paul's:	10	221	31	287	467	346	19	10	—	1391	12
Infants	—	—	—	—	—	—	—	—	—	—	—
National:	—	30	78	21	—	198	28	7	728	1909	9
Boys	—	—	—	—	—	—	—	—	—	—	—
South Road:	—	—	—	—	—	—	—	—	—	—	—
Boys	—	165	126.5	—	55	335.5	56	430.5	1133	2301.5	19
Girls	28	399	163	30	39	190	142	143	869	2003	17
Lagland Street:	1440	205	165	43	1232	812	282	647	2914	7740	65
Infants	—	—	—	—	—	—	—	—	—	—	—
Longfleet:	—	66	—	—	217	146	5	32	953	1419	12
Boys	—	—	—	20	—	—	—	35	—	55	1
Girls	—	—	—	—	470	80	20	107	—	677	6
Infants	—	—	—	—	—	—	—	—	—	—	—
Oakdale	218	166	52	10	14	292.5	66.5	40	2419	3278	27
Mixed	—	—	—	—	—	—	—	—	—	—	—
St. Peter's:	—	168.5	—	27.5	—	55	140.5	99.5	359.5	850.5	7
Boys	—	233	—	20	—	163	65	109	861	1451	12
Girls	—	196	5	79	664	173	48	413	478	2056	17
Infants	—	—	—	—	—	—	—	—	—	—	—
Branksome H'th:	—	—	—	12	—	147	202	94	512	967	8
Boys	—	120	—	14	22	134	320	221	639	1470	12
Girls	—	100	—	399.5	901.5	186.5	151.5	325	2868	4932	41
Infants	—	—	—	—	—	—	—	—	—	—	—
Courthill:	32	5	153	222	120	336	95	236	1798	2997	25
Mixed	134	—	80	915	556	398	71	1005	3186	6345	53
Infants	—	—	—	—	—	—	—	—	—	—	—
Heatherlands:	—	—	76	68	35.5	529.5	35	12	1316.5	2072.5	17
Boys	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—
Infants	—	—	—	—	—	—	—	—	—	—	—
St. Aldhelm's:	—	5	84	—	76	198	3	—	155	521	4
Boys	21	32	—	15	15	57	27	—	1808	1975	16
Girls	—	22	—	32	628	417	62	91	1903.5	3155.5	26
Infants	—	—	—	—	—	—	—	—	—	—	—
Total absence (in days)	1980	2623	1336	2415	5784.5	6280.5	1947.5	4191	30176	56733.5	—
Loss of Grant	£17	22	11	20	48	52	16	35	252	—	£473

NOTE.—The figures in this Table are approximate only, and err in being too small, since incomplete returns were received from some of the Departments.

TABLE 16.

STATISTICS OF ATTENDANCE, ETC.

School.	Accommo- dation.	Average Attendance.	No. on Admission Register at end of year.
Hamworthy :			
Mixed Department	231	153	192
Infants' „ ..	170	81	87
St. James' :			
Girls' Department..	243	206	228
Infants' „ ..	120	120	143
St. Mary's R.C.			
Mixed Department	101	84	108
St. Paul's :			
Infants' Department	200	130	172
National :			
Boys' Department	250	208	246
South Road :			
Boys' Department..	290	266	287
Girls' „	290	263	281
Lagland Street :			
Infants' Department	249	206	256
Longfleet :			
Boys' Department..	240	173	180
Girls' „	153	136	144
Infants' „	170	155	187
Oakdale :			
Mixed Department	220	184	216
St. Peter's :			
Boys' Department..	233	132	148
Girls' „	149	140	150
Infants' „	140	117	149
Branksome Heath :			
Boys' Department..	230	211	235
Girls' „	258	232	250
Infants' „ ..	190	162·1	216
Courthill :			
Mixed Department	400	370	424
Infants' „ ..	250	232	293
Heatherlands :			
Boys' Department..	335	327	372
Girls' „ ..	300	285	323
Infants' „ ..	300	306·1	350
St. Aldhelm's			
Boys' Department..	232	218	259
Girls' „ ..	201	225	246
Infant's „ ..	218	177	203

TABLE 17.

CLERICAL WORK OF SCHOOL MEDICAL SERVICE.

Notices and Letters <i>re</i> Medical Inspection	—	—	2,039
Cards prepared for Medical Inspection	—	—	2,039
Cards filled in at Inspection	—	—	1,700
Entries in Ledger	—	—	35,700
Notices <i>re</i> Defective Vision	—	—	768
Notices <i>re</i> Dental Defects	—	—	844
Dental Cards prepared	—	—	679

NOTE.—In addition to the above classified work, the following has also been performed :—The arranging, indexing and annotation of cards, the preparation of certain tables for this Report, and other matters.

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